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

(Please submit separate report for each subject)

		Date of Inspect	ion :							
Fa	Faculty: Medical Subject/Specialty: Obst. & Gynaecology									
1.	Name & Address of the College/Research Centre: -									
		Dr. Panjabrao	alias Bhau	ısaheb D	Deshmukh	Memorial I	Medical College	e, Amravati.		
	1	lame of Head of the	Departmen	t: - Dr. P. S	S. Junghare					
		Designation: Profess	sor							
2.		Department / Sub (Attach Annexur	_	tails of av	ailable PhD	Guides: -				
	Sr No	. 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	Dr. P. S. Junghare	Professor		13.10.2030		Yes	MUHS/UDC(Ph.D.)/ Guide/251/2020 Dt.2.12.2020		
	2	Dr. S. A. Bijwe	Associate Professor	27.1.1967	27.1.2037		Yes	MUHS/UDC(Ph.D.)/ Guide/251/2020 Dt.2.12.2020 Selected as Professor by LSC on 9.10.2023		
4.	Details of available infrastructure for Research:									
<ul> <li>i) Adequate number of Computers with Internet facility is available</li> <li>ii) Adequate number of Books / Journals are available?</li> </ul>						Yes / <del>No</del> Yes / <del>No</del>				
		iii) Any other specif								
		***************************************								
5.		Details of Central i) Available Area (in	Research La	aboratory:						
ii) Is Drugs/Medicines/Chemicals etc. are available for research?						Yes / A	lo			
iii) Is Adequate number of Instruments are available?							Yes / I	No		
	i	v) Is Records of Stoo	k book availa	able?			Yes / I	No		
6.	i) Available Area in sq. ft: 1490.2.Sq. ft. ii) Functioning Central Animal House?  Yes / No									
7.		Details of Institutio ) Date of Compositio i) Total Number of M	n: . <b>14.2.202</b>		: (Attach An	nexure ''B")				

	iii) Number of meetings held in previous year	04					
	iv) Whether Records of proceedings are mainta	ained properly	ly? Yes / No				
	v) Is Human and Animal Ethics Committee, registered under the appropriate authority? Yes / No						
8.	Details of Research Advisory Committee: (Aii) Date of Composition:						
9.	Is Doctoral Committee constituted in the lines		Yes / No				
10.	i) If Yes, Date of Composition:						
	If Yes, Name of the Software		Yes / No				
11.							
12.	Whether Research Centre is registered unde						
13.		<b>02</b> p. 0.	Yes / No				
14.	Any other important thing related to Resear	ch/Departme	ent/Facilities, which				
	DECLA	RATION BY	LIC				
	We, the LIC Members, hereby certify th Department/College/Research Centre, the avail available at the research centre. The overall obser	able other f	facilities, required instruments and equipmen				
	Name of Inspectors		Sign. of Inspectors with Date				
1)		Chairman					
2)		Member					
3)		Member					
4)		Member					

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

(Please submit separate report for each subject)

		Date of Inspect	ion :					
F	Faculty: Medical Subject/Specialty: Pathology							
1.	N	ame & Address of tl	he College/R	esearch C	Centre: -			
		Dr. Panjabrao	alias Bhau	ısaheb [	)eshmukh	Memorial	Medical College	e, Amravati.
	N	lame of Head of the	Department	:: - Dr. A. T	. Deshmukh			
		<b>Designation:</b> Dean/P	rofessor					
2.	De	partment / Subject v		of availab	le PhD Guid	es: -		
	Sr. No	. Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed sixdays Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
	1	Dr. A. T. Deshmukh	Dean/ Professor	21.8.1958	31.8.2028		. **	MUHS/UDC(Ph.D.) /Guide/137/2020 Dt.27.10.2020
3.	[	Details of available i						
		i) Adequate numbe	r of Compute	rs with Inte	ernet facility i	s available?	Yes /	No
		ii) Adequate numbe					Yes /	No
		iii) Any other specif						
4.	De	etails of Central Res i) Available Area (in						
		ii) Is Drugs/Medicin	es/Chemicals	etc are a	vailable for r	esearch?	Van IA	
		iii) Is Adequate nun				escarcit;	Yes / A	100
					avallable?		Yes / I	No
_	_	iv) Is Records of S		allable?			Yes / F	No
5.	5. Details of Central Animal House: i) Available Area in sq. ft: 1490.2.Sq. ft.							
		ii) Functioning Cen		•			Yes / I	No.
							10071	
6.	i)	Date of Composition Total Number of Me	n: . <b>14.2.2022</b>		: (Attach An	nexure ''B")		
		Number of meeting		vious year	04			
		) Whether Records o					Yes	
	v) Is Human and Animal Ethics Committee, registered under the appropriate authority? Yes / No							

8.	Details of Research Advisory Committee: (A	Attach Annex	rure "C")
	ii) Total number of Members:		
	iv) Whether records of proceedings are mainta		Yes / No
9.	Is Doctoral Committee constituted in the lines		Yes / No
	i) If Yes, Date of Composition:		
10.	Is Plagiarism detection software facility avail	able?	Yes / No
	If Yes, Name of the Software		
11.	Is attendance of the Ph.D. Scholar maintaine		Yes / No
12.	Whether Research Centre is registered unde	er MPCB prov	risions? Yes / No
13. 14.	Whether BMW facility is available?	. l. (D	Yes / No
14.	Any other important thing related to Research		
	will be helpful to carry out good quality res	earch under i	this department:
		•••••	
		RATION BY	
,	We, the LIC Members, hereby certify th	at, we have	ve thoroughly inspected and verified the
	Department/College/Research Centre, the avail		
	available at the research centre. The overall obser		
	available at the research centre. The overall obser	valions of the	inspection committee are as follows: -
			100
	······································		
	Name of Inspectors		Sign. of Inspectors with Date
1)	To the second second second second second	Chairman	ta a company tangent and the second
2)	Cara Barat Systems (1984) And Andrews	Member	
3)		1	
4)		Member Member	

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

(Please submit separate report for each subject)

Γ							
	Date of Inspecti	ion :					
Faculty: Medical Subject/Specialty: Gen. Medicine							
1. N	ame & Address of th	ne College/R	esearch C	Centre: -			
	Dr Paniahrao	aliae Bhau	eahoh F	)ochmukh	Momorial	Madical Callege	Amaravati
	Di. Falijabiao	alias Dilau	Salled L	esiiiiukii	Wemonai	Medical College	e, Amravati.
1	Name of Head of the	Department	: - Dr. S. H	ł. Verma			
	<b>Designation:</b> Profess	or					
2. De	partment / Subject v		of availab	le PhD Guid	es: -		
C-	Nama of	D	D	Date of	Total No. of	Has completed	PhD
Sr No	. Ph.D. Guide	Designation	Date of Birth	Retirement	PhD Scholars Registered till date	sixdays Research Methodology Workshop? Yes/No	Recognition No. and Date
1	Dr. P. R. Somwanshi	Professor	15.7.1955	31.7.2025	01		MUHS/2817/2007 Dt.15.5.2007
4. D	etails of Central Res i) Available Area (ir ii) Is Drugs/Medicin	search Labor	atory: .88sq.mt			Yes / A	le
	iii) Is Adequate nur	mber of Instru	ments are	available?		Yes / I	No
	iv) Is Records of S	Stock book av	ailable?			Yes / I	N <del>o</del>
5. D	etails of Central Ani i) Available Area i	n sq. ft: <b>1490</b> .	•				
	ii) Functioning Cer	ntral Animal H	louse?			Yes / I	No
	Details of Institutio			e: (Attach Aı	nnexure ''B")		
	<ul><li>i) Total Number of Meeting</li><li>) Number of meeting</li></ul>		vious year	04			

8.	i) Date of Composition:		
	iv) Whether records of proceedings are maintai		
9.	Is Doctoral Committee constituted in the lines		Yes / No
	i) If Yes, Date of Composition:  ii) Total number of Members:  iii) Name of External Subject Expert		
10.	,		Yes / No
	If Yes, Name of the Software		
11.	Is attendance of the Ph.D. Scholar maintaine		Yes / No
12.	Whether Research Centre is registered unde	r MPCB prov	
13. 14.	Whether BMW facility is available?  Any other important thing related to Research	h/Denartmer	Yes / No
	will be helpful to carry out good quality rese		
	We, the LIC Members, hereby certify th Department/College/Research Centre, the avail available at the research centre. The overall obser	RATION BY I at, we have able other for vations of the	ve thoroughly inspected and verified the acilities, required instruments and equipment, Inspection Committee are as follows: -
	Name of Inspectors		Sign. of Inspectors with Date
1)		Chairman	
2)		Member	S (8) (8)
3)		Member	
4)		Member	