ANNEXURE-VI

FOR Ph.D COURSE(S)FORA.Y.2025 -2026

(Please submit separate report for each subject)

Date of Inspection	:	

Faculty:.Medicine Subject/Specialty- Pathology

1. Name & Address of the College/ResearchCentre:-

Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial College,
Shivaji Nagar, Amravati. 444602

NameofHeadoftheDepartment:- Dr. Ramawatar R. Soni

Designation: Professor & Head

2. Department/Subject wise details of available PhD Guides:-
(AttachAnnexure"A")

Sr. No.	Name of Ph.D.Guide	Designation	Dateof Birth	Date of Retirement	TotalNo.ofPhD Scholars Registered Tilldate	Hascompletedsix days Research Methodology Workshop? Yes/No	PhD Recognition No.andDate
1	Dr. Anil. T. Deshmukh	Professor	21/08/1958	30/08/2028	Nil	Yes	MUHS/UDC(Ph.D)/Guide/157/2020 date 27/10/2020

4. DetailsofavailableinfrastructureforResearch:
   i) AdequatenumberofComputerswithInternetfacilityisavailable? Yes/No
   ii))AdequatenumberofBooks/Journalsareavailable ? Yes/No
   iii) AnyotherspecificthingavailableattheDepartment:....................................
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   ....
   ....

5. DetailsofCentralResearchLaboratory:
   i) AvailableArea(insq.ft):600Sq.ft
   ii) IsDrugs/Medicines/Chemicalsetc.areavailableforresearch? Yes/No
   iii) IsAdequatenumberofInstrumentsareavailable? Yes/No
   iv) IsRecordsofStockbookavailable? Yes/No

6. DetailsofCentralAnimalHouse:
   i) AvailableAreainsq.ft:..............
   ii) FunctioningCentralAnimalHouse? Yes/No

7. DetailsofInstitutionalEthicalCommittee:*(AttachAnnexure"B")*
   i) DateofComposition:..............
   ii) TotalNumberofMembers:...............
   iii) Numberofmeetingsheldinpreviousyear:...............
   iv) WhetherRecordsof proceedingsaremaintainedproperly? Yes/No
   v) IsHumanandAnimalEthicsCommittee,registeredundertheappropriateauthority?Yes/No

8. DetailsofResearchAdvisoryCommittee:*(AttachAnnexure"C")*

i) DateofComposition:.....

ii) TotalnumberofMembers:.....

iii) Numberofmeetingsheldinpreviousyear:.....

iv) Whetherrecordsof proceedingsaremaintainedproperly? Yes/No

9. IsDoctoralCommitteeconstitutedinthelinesofRAC? Yes/No

i) IfYes,DateofComposition:..... .....

ii) TotalnumberofMembers:.....

iii) NameofExternalSubjectExpert.....

10. IsPlagiarismdetectionsoftwarefacilityavailable? Yes/No

IfYes,NameoftheSoftware.....

11. IsattendanceofthePh.D.Scholarmaintainedproperly? Yes/No

12. WhetherResearchCentreisregisteredunderMPCBprovisions? Yes/No

13. WhetherBMWfacilityisavailable? Yes/No

14. Anyotherimportantthingrelatedto Research/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 asfollows: -

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

ANNEXURE-VI

FOR Ph.D COURSE (S) FOR A.Y. 2025 - 2026

(Please submit separate report for each subject)

Date of Inspection	:	

Faculty: Medicine Subject/Specialty: General Medicine

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

Dr. Panjabrao Deshmukh Memorial Medical College, Amravati

Shivaji Nagar, Amravati

Name of Head of the Department:- Dr. S. H. Verma .

Designation: Professor & Head .

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	Dr. P. R. Somwanshi	Professor	15/07/1955	-	01	Yes	MUHS/SS/VV/2817/2007 dated 15/05/2007
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:.....

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5. Details of Central Research Laboratory:

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

ii) Is Drugs /Medicines /Chemical setc. 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. DetailsofCentralAnimalHouse:

i) Available Area in sq.ft: .....

ii) Functioning Central Animal House? Yes/No

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

i) DateofComposition:.....

ii) TotalNumberofMembers:.....

iii) Numberofmeetingsheldinpreviousyear:.....

iv) WhetherRecordsof proceedingsaremaintainedproperly? Yes/No

v) IsHumanandAnimalEthicsCommittee,registeredundertheappropriateauthority?Yes/No

8. **DetailsofResearchAdvisoryCommittee:*(AttachAnnexure"C")***

i) DateofComposition:.....

ii) TotalnumberofMembers:.....

iii) Numberofmeetingsheldinpreviousyear:.....

iv) Whetherrecordsof proceedingsaremaintainedproperly? Yes/No

9. **IsDoctoralCommitteeconstitutedinthelinesofRAC?** Yes/No

i) IfYes,DateofComposition:..... .....

ii) TotalnumberofMembers:.....

iii) NameofExternalSubjectExpert.....

10. **IsPlagiarismdetectionsoftwarefacilityavailable?** Yes/No

IfYes,NameoftheSoftware.....

11. **IsattendanceofthePh.D.Scholarmaintainedproperly?** Yes/No

12. **WhetherResearchCentreisregisteredunderMPCBprovisions?** Yes/No

13. **WhetherBMWfacilityisavailable?** Yes/No

14. **Anyotherimportantthingrelatedto Research/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 asfollows: -

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

ANNEXURE-VI

FOR Ph.D. COURSE(S)FORA.Y.2025-2026

(Please submit separate report for each subject)

Date of Inspection	:	

Faculty:.Medicine Subject/Specialty:.Obstetrics & Gynaecology

1. Name & Address of the College/ResearchCentre:-

Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati

Name of Head of the Department:-Dr. Pushpa S. Junghare

Designation: Professor & Head

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	Hascompletedsix days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. P. S. Junghare	Prof & Head	13.10.1960	NA		Yes	MUHS/UDC/ (Ph.D) Guide/251/2020 Dt 2/12/2020
2	Dr. . S. A. Bijwe	Professor	27.1.1967	NA		Yes	MUHS/UDC/ (Ph.D) Guide/251/2020 Dt 2/12/2020
3							
4							
5							

4. DetailsofavailableinfrastructureforResearch:

i) AdequatenumberofComputerswithInternetfacilityisavailable? Yes/No

ii))AdequatenumberofBooks/Journalsareavailable ? Yes/No

iii) Anyotherspecificthingavailableatthe Department:.....

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5. DetailsofCentralResearchLaboratory:

i) AvailableArea(insq.ft):.....

ii) IsDrugs/Medicines/Chemicalsetc.areavailableforresearch? Yes/No

iii) IsAdequatenumberofInstrumentsareavailable? Yes/No

iv) IsRecordsofStockbookavailable? Yes/No

6. DetailsofCentralAnimalHouse:

i) AvailableAreainsq.ft:.....

ii) FunctioningCentralAnimalHouse? Yes/No

7. DetailsofInstitutionalEthicalCommittee:*(AttachAnnexure"B")*

i) DateofComposition:.....

totalNumberofMembers:.....

ii) Numberofmeetingsheldinpreviousyear:.....

iii) WhetherRecordsof proceedingsaremaintainedproperly? Yes/No

iv) IsHumanandAnimalEthicsCommittee,registeredundertheappropriateauthority?Yes/No

8. DetailsofResearchAdvisoryCommittee:*(AttachAnnexure"C")*

i) DateofComposition:.....

ii) TotalnumberofMembers:.....

iii) Numberofmeetingsheldinpreviousyear:.....

iv) Whetherrecordsof proceedingsaremaintainedproperly? Yes/No

9. **IsDoctoralCommitteeconstitutedinthelinesofRAC?** Yes/No

i) IfYes,DateofComposition:..... .....

ii) TotalnumberofMembers:.....

iii) NameofExternalSubjectExpert.....

10. **IsPlagiarismdetectionsoftwarefacilityavailable?** Yes/No

IfYes,NameoftheSoftware.....

11. **IsattendanceofthePh.D.Scholarmaintainedproperly?** Yes/No

12. **WhetherResearchCentreisregisteredunderMPCBprovisions?** Yes/No

13. **WhetherBMWfacilityisavailable?** Yes/No

14. **AnyotherimportantthingrelatedtoResearch/Department/Facilities,which will be helpful to carry out good quality research under this department:**

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3)	Member	
4	Member	