

**FOR Ph.D. COURSE(S) FOR A.Y. 2024--2025**

(Please submit separate report for each subject)

<b>Date of Inspection</b>	:	
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**Faculty:** . . Ph.D. **Subject/Specialty:** . Prosthodontics and Crown & Bridge1. **Name & Address of the College/Research Centre: -****V.Y.W.S. Dental College & Hospital, Amravati.****Name of Head of the Department: - - Dr. Mrs. A.S. Barabde****Designation: Professor**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. Mrs. A.S. Barabde	Professor	07.11.1969	30.11.2033	05	Yes	MUHS/UDC (PhD)/Guide/79 /2020 Dated 19.06.2020

**4. Details of available infrastructure for Research:**i) Adequate number of Computers with Internet facility is available? **Yes**ii) Adequate number of Books / Journals are available? **Yes**

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

.....

**5. Details of Central Research Laboratory:**

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

ii) Is Drugs/Medicines/Chemicals etc. are available for research? **Yes**iii) Is Adequate number of Instruments are available? **Yes**iv) Is Records of Stock book available? **Yes****6. Details of Central Animal House:**

i) Available Area in sq. ft: ..... Yes (MoU with Dr. PDMMC Amt.)

ii) Functioning Central Animal House? **Yes**

  
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 Dental College & Hospital  
 Amravati

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

- i) Date of Composition: : 19.03.2018
- ii) Total Number of Members: 10 .
- iii) Number of meetings held in previous year : 02
- iv) Whether Records of proceedings are maintained properly? **Yes**
- v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes**

**8. Details of Research Advisory Committee: (Attach Annexure "C")**

- i) Date of Composition: . 05.01.2019
- ii) Total number of Members: 06
- iii) Number of meetings held in previous year: . 01
- iv) Whether records of proceedings are maintained properly? **Yes**

**9. Is Doctoral Committee constituted in the lines of RAC? **Yes****

- i) If Yes, Date of Composition: . 23.09.2022
- ii) Total number of Members: . 03 . .
- iii) Name of External Subject Expert...Dr. Vinod R. Wasnik

**10. Is Plagiarism detection software facility available? **No****

If Yes, Name of the Software.....

**11. Is attendance of the Ph.D. Scholar maintained properly? **Yes****

**12. Whether Research Centre is registered under MPCB provisions? **Yes****

**13. Whether BMW facility is available? **Yes****

**14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

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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: -

.....  
 .....

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

*Rbndkulek*  
**DEAN**  
 Amravati

**FOR Ph.D COURSE(S) FOR A.Y. 2024--2025**

(Please submit separate report for each subject)

<b>Date of Inspection</b> :	
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Faculty: Ph.D. . Subject/Specialty: .: Oral Pathology &amp; Microbiology

**1. Name & Address of the College/Research Centre: -****V.Y.W.S. Dental College & Hospital, Amravati**

Name of Head of the Department: - Dr. R.V. Gondhalekar

Designation: Professor

**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 sixdays Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. R.V. Gondhalekar	Professor	20.04.1970	30.04.2034	00	Yes	IS/UDC(PhD) /Guide/60/2020 Dated 13.03.2020
2	Dr. R.N.Parwani	Reader	18.05.1969	31.05.2033	00	Yes	MUHS/UDC (PhD) /Guide/126 /2020 Dated 02.09.2020

**4. Details of available infrastructure for Research:**i) Adequate number of Computers with Internet facility is available? **Yes**ii) Adequate number of Books / Journals are available ? **Yes**

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

**5. Details of Central Research Laboratory:**

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

ii) Is Drugs/Medicines/Chemicals etc. are available for research? **Yes**iii) Is Adequate number of Instruments are available? **Yes**iv) Is Records of Stock book available? **Yes****6. Details of Central Animal House:**i) Available Area in sq. ft: ..... **Yes (MoU with Dr. PDMMC Amt.)**ii) Functioning Central Animal House? **Yes**

  
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**Dental College & Hospital**  
**Amravati**

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

- i) Date of Composition: 19.03.2018
- ii) Total Number of Members: . 10
- iii) Number of meetings held in previous year: 02
- iv) Whether Records of proceedings are maintained properly? **Yes**
- v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes**

**8. Details of Research Advisory Committee: (Attach Annexure "C")**

- i) Date of Composition: 05.01.2019 .
- ii) Total number of Members: 06
- iii) Number of meetings held in previous year: . 01
- iv) Whether records of proceedings are maintained properly? **Yes**

**9. Is Doctoral Committee constituted in the lines of RAC? **Yes****

- i) If Yes, Date of Composition: 23.09.2022
- ii) Total number of Members: . 03 . .
- iii) Name of External Subject Expert Dr. Vinod R. Wasnik

**10. Is Plagiarism detection software facility available? **No****

If Yes, Name of the Software.....

**11. Is attendance of the Ph.D. Scholar maintained properly? **Yes****

**12. Whether Research Centre is registered under MPCB provisions? **Yes / No****

**13. Whether BMW facility is available? **Yes****

**14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

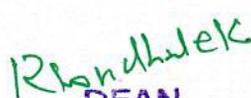
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(Please submit separate report for each subject)

<b>Date of Inspection</b> :	
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Faculty: Ph.D. . Subject/Specialty: . . . Oral &amp; Maxillofacial Surgery

3. Name &amp; Address of the College/Research Centre: -

**V.Y.W.S. Dental College & Hospital, Amravati**

Name of Head of the Department: - Dr. M.V. Naphade

Designation: Professor

4. 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. M. V. Naphade	Professor	11.04.1968	30.04.2032	01	Yes	No. MUHS/UDC(PhD)/Guide/79/ 2020 Dated 19.06.2020
2	Dr. Mrs. R.R. Gondhalekar	Reader	24.12.1969	31.12.2033	01	Yes	No. MUHS/UDC(PhD)/Guide/ 331/2022 Dated 22.09.2022

## 4. Details of available infrastructure for Research:

iv) Adequate number of Computers with Internet facility is available? Yes

v) Adequate number of Books / Journals are available ? Yes

vi) Any other specific thing available at the Department:.....

## 5. Details of Central Research Laboratory:

v) Available Area (in sq. ft) : .....

vi) Is Drugs/Medicines/Chemicals etc. are available for research? Yes

vii) Is Adequate number of Instruments are available? Yes

viii) Is Records of Stock book available? Yes

## 6. Details of Central Animal House:

iii) Available Area in sq. ft: ..... Yes (MoU with Dr. PDMMC Amt.)

iv) Functioning Central Animal House? Yes

*R. Gondhalekar*  
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vi) Name of External Subject Expert...Dr. Vinod R. Wasnik

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