

FOR Ph.D. COURSE(S) FOR A.Y. 20 ..-20.....

(Please submit separate report for .....

Date of Inspection : .....

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

## 1. Name &amp; Address of the College/Research

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.....

Name of P

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## 2. Des

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4
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NOT  
APPLICABLE

	of nolars stered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date

## 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:.....  
.....  
.....

## 5. Details of Central Research Laboratory:

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

ii) Is Drugs/Medicines/Chemicals etc. 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. Details of Central Animal House:

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

ii) Functioning Central Animal House? Yes / No

College Letter Head

List of Ph.D. Guides Available at \_\_\_\_\_

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	_____
1					
2					
3					
4					
5					

Date:

Signature, Name and stamp of  
Dean/Principal/Director

**NOT APPLICABLE**