

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

(Please submit separate report for ..)

Date of Inspection :**Faculty:** **Subject/**1. **Name & Address of the College/Research****Name of P****Desir**2. **Der**

Sl. No.	Name of the Candidate	Date of Registration	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1				
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 (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 Centre

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

Date:

Signature, Name and stamp of
Dean/Principal/Director