

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK - 422004

**APPLICATION FORMAT FOR RECOGNITION OF CENTERS FOR
Ph.D. PROGRAMME**

NAME OF THE COLLEGE:: _____

1	Name of the Department	:	
2	Name of the HOD	:	
3	Recognition of PG Degree/Diploma Course	:	Yes/No Letter No. -----
4	<p><u>Facilities:</u> (As per council norms)</p> <p>A) <u>Infrastructure:</u></p> <p>a) Staff rooms</p> <p>b) Cubicals</p> <p>c) Demo.rooms</p> <p>d) Accommodation provided for departmental museum.</p> <p>e) Necessary equipment provided for the above (List to be attached)</p> <p>f) Whether the above are provided. In addition to UG/PG Courses in the college.</p> <p>g) Research Laboratory</p> <p>B) <u>OPD & IPD Supportive Services.</u></p> <p>i) Lab services, Biochemistry, Microbiology, Pathology, Radiology, Physiotherapy, etc.,</p> <p>ii) Animal House</p> <p>C) <u>Equipment:</u></p> <p>i) Basic equipment in the department</p> <p>ii) Latest equipment (specify)in the department (list to be enclosed).</p> <p>iii) Whether equipment in addition to UG Course are provided.</p> <p>D) <u>Library</u> : No. of Titles _____ No.of Books _____ No. of Journals _____ (International & National) _____</p> <p>The No.of books additionally provided for Ph.D Programme in the Department.</p> <p>Whether Computer with Internet facility is provided.</p> <p>E) <u>Teaching aids:</u></p> <p align="center">Audiovisual Xerox, Video etc</p>	:	<p>Adequate/Inadequate</p> <p>Adequate/Inadequate</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>Yes/No</p>

5	<u>Teaching faculty:</u> I) Professors II) Associate Professors III) Readers IV) Assistant Professors V) Tutors/Demonstrators	:	Available with Number
6	Details of Non- teaching and technical staff available in the department	:	
7	Total No. of Recognised postgraduate teachers	:	
8	<u>Teaching faculty particulars</u> i) Total No. of Recognised postgraduate teachers ii) Recognised Ph.D Guide iii) Total No. of Publications in the Department last 5 years (List to be provided)	:	Available/Not available
9	<u>Details of Fees: -</u> i) D.D.No. : _____ ii) D.D.Date : _____ iii) Name of the bank : _____ iv) Amount : _____		
9	Signature of H.O.D.	:	
10	Signature of the Head of the Institute	:	

REMARKS OF THE LIC COMMITTEE

Name of the LIC Members

Signature

i) _____

ii) _____

iii) _____
