

FOR Ph.D COURSE(S) FOR A.Y. 2022 - 2023

(Please submit separate report for each subject)

Date of Inspection	:	_____
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Faculty: _____ Subject/Specialty: _____

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

Hon. R. R. Puri College of Homeopathy,
Jaunpur

Name of Head of the Department: - _____

Designation: _____

2. Department / Subject wise details of available PhD Guides: -

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	Ph.D Recognition No. and Date
1							
2							
3				NA			
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: _____

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**

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

- i) Date of Composition:
- ii) Total Number of Members:
- Number of meetings held in previous year:
- iii) Whether Records of proceedings are maintained properly? **Yes / No**
- iv) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes / No**

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

- i) Date of Composition:
- ii) Total number of Members:
- iii) Number of meetings held in previous year:
- iv) Whether records of proceedings are maintained properly? **Yes / No**

9. Is Doctoral Committee constituted in the lines of RAC? **Yes / No**

- i) If Yes, Date of Composition:
- ii) Total number of Members:
- iii) Name of External Subject Expert.....

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

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

11. Is attendance of the Ph.D. Scholar maintained properly? **Yes / No**

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

13. Whether BMW facility is available? **Yes / No**

14. Any other important thing related to Research/Department/Facilities,

which will be helpful to carry out good quality research under this department:



[Signature]
Principal,
Hon. R.R. Path College of Homeopathy
& Hospital & Research Centre, Sangli

Reg.No. : E-708 (Sangli)

Shri. Tatyasaheb Ghatage Charitable Trust's



Hon. R. R. PATIL COLLEGE OF HOMOEOPATHY & HOSPITAL & RESEARCH CENTRE, SANGLI

(Approved by : N.C.H. New Delhi, Recog. by State Govt. of Maharashtra, Affiliated to MUHS, Nashik)

Address : C/o. Dr. Ghatage Multi Speciality Hospital, Pune By Pass Highway, Sangli - 416 416. (Maharashtra)
Tel. : 0233 - 2377275, 2326105 E-mail : drghatagehospital@rediffmail.com Web : www.rpchomoeosangli.org

Dr. Sharad T. Ghatage
M.D., D.C.H.
President

Dr.Mrs. Rohini S. Ghatage
M.D., D.C.P.
Secretary

Dr. Parag B. Bapat
M.D. (Homoeopathy)
Medical Director & Principal
Mob. : 9689787986

Ref. No. :

Date : 13/03/2022

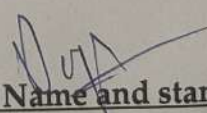
ANNEXURE-XIb

List of Ph.D. Guides Available at Ph.D. Research Centre

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							
2				NA			
3							
4							

Date: 13/03/2022




**Signature, Name and stamp of
Dean/Principal/Director
Principal,
Hon. R.R. Patil College of Homoeopathy
& Hospital & Research Centre, Sangli**

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Dr. Sharad T. Ghatage
M.D., D.C.H.
President

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M.D., D.C.P.
Secretary

Dr. Parag B. Bapat
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ANNEXURE- XIc

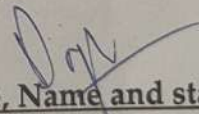
Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Sr.No.	Name of Ethical Committee Member	Designation
1		
2		
3	NA	
4		
5		

Date: 13/03/2023




Signature, Name and stamp of
Dean/Principal/Director
Principal,
Hon. R.R. Patil College of Homoeopathy
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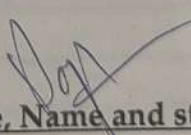
ANNEXURE-XI

Details of Research Advisory/ Doctoral Committee

Sr.No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1	NA	
2		
3		
4		
5		

Date: 13/03/2023




Signature, Name and stamp of
Dean/Principal/Director
Principal,
Hon. R.R. Patil College of Homoeopathy
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