

Annexure IX

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

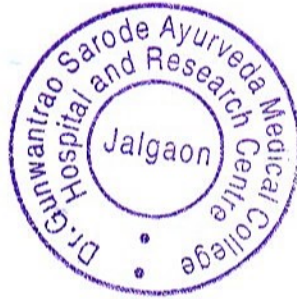
Date of Inspection :

1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
1	N/A	N/A	N/A	N/A
2	N/A	N/A	N/A	N/A
3	N/A	N/A	N/A	N/A
4	N/A	N/A	N/A	N/A
5	N/A	N/A	N/A	N/A

(Attach separate List if necessary)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
1	N/A	N/A	N/A	N/A
2	N/A	N/A	N/A	N/A
3	N/A	N/A	N/A	N/A
4	N/A	N/A	N/A	N/A
5	N/A	N/A	N/A	N/A



Signature of Member

Signature of Member

Signature of Chairman

7. 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

8. 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: -----

9. Is Plagiarism detection software facility available? Yes / No

If Yes, Name of the Software -----

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

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

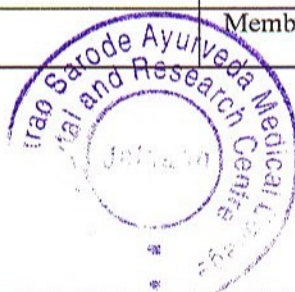
12. Whether BMW facility is available? Yes / No

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

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 Visitor		Sign. of Visitors with Date
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



Signature of Member

Signature of Member

Signature of Chairman