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

(Please submit separate report for each subject)

	Faculty:		Sul	bject/Spe	cialty:			
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Omar Homoeopathic Medical College & Research Center

Ranjani, Tq. Ghansawangi, Dist. Jalna-4,21207

8. Details of Research Advisory Committee: (Attack	h Annexure "C	")	
i) Date of Composition:			
iii) Number of meetings held in previous year:			
iv) Whether records of proceedings are maintained		Yes / No	
9. Is Doctoral Committee constituted in the lines of		Yes / No	
i) If Yes, Date of Composition:			
10. Is Plagiarism detection software facility availab	ole?	Yes / No	
If Yes, Name of the Software			
11. Is attendance of the Ph.D. Scholar maintained		Yes / No	
12. Whether Research Centre is registered under	MPCB provisio	ns? Yes / No	
13. Whether BMW facility is available?		Yes / No	
14. Any other important thing related to Research	n/Department/	Facilities, which	
will be helpful to carry out good quality research up			
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We, the LIC Members, hereby certify that, we have the	oroughly inspe	cted and verified the Departme	ent/College/Research
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observations of the Inspection Committee are as follows	S: -		
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Name of Inspectors	Sign. of Inspectors with Date		
1)	Chairman	A p t	
2)	Member	2	
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Member

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Principal
Omar Homoeopathic Medical College
& Research Center Realizati, Tq. Ghansawangi, Dist. Jalna-431207

College Letter Head

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						•	
3		Not	A	A pp	lica	ble	
4							
5	-						

Date:

Signature, Name and stamp of

Dean/Principal/Director

Br. Sonal P.Mithawala

Principal
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