

"NOT APPLICABLE"

**ANNEXURE- XV A**

**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)**

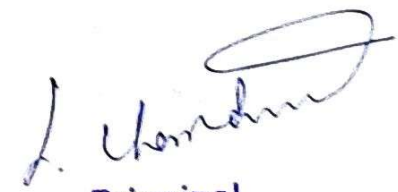
Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01				
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

**2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20..... – 20....			
2	A.Y. 20..... – 20....			
3	A.Y. 20..... – 20....			
4	A.Y. 20..... – 20....			
5	A.Y. 20..... – 20....			



  
**Principal**  
**B.K.L. Walawalkar**  
**College of Physiotherapy**  
**Kasarwadi - Sawarde**

"NOT APPLICABLE"

ANNEXURE- XV B

**Information to be submitted with respect to newly appointed mentors**

**Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- .....

This to Certify that Dr. .... has worked in the Department of ..... Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	

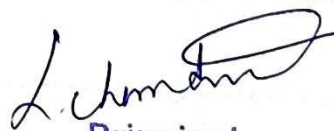
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date : / /

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



  
Principal  
B.K.L. Walawalkar  
College of Physiotherapy  
Kasarwadi - Sawarde

NOT APPLICABLE

ANNEXURE-XV C

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

(Please submit separate report for each subject)

Date of Inspection : \_\_\_\_\_

Faculty: \_\_\_\_\_ Subject/Specialty: \_\_\_\_\_

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

Name of Head of the Department: - \_\_\_\_\_

Designation: \_\_\_\_\_

2. Department / Subject wise details of available PhD Guides: -  
(Attach Annexure "A")

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							
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")



*L. Chondani*  
Principal  
B.K.I. Walawalkar  
College of Physiotherapy  
Sawarde - Sawarde

- 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**
  - v) 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:**
- .....
- .....
- .....

**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: -

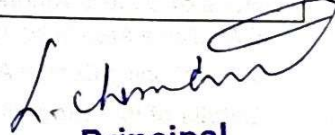
.....

.....

.....

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



  
**Principal**  
**B.K.L. Walawalkar**  
**College of Physiotherapy**  
**Kasarwadi - Sawarde**

NOT APPLICABLE

ANNEXURE-XV D

**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							
4							
5							

**Date:**

**Signature, Name and stamp of  
Dean/Principal/Director**

  
**Principal  
B.K.L. Walawalkar  
College of Physiotherapy  
Kasarwadi - Sawarde**



"NOT APPLICABLE"

ANNEXURE-XV E

College Letter Head

Details of Institutional Ethical Committee


A) Details of Institutional Ethical Committee

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

Date:

Signature, Name and stamp of  
Dean/Principal/Director



  
Principal  
B.K.L. Walawalkar  
College of Physiotherapy  
Kasarwadi - Sawarde

"NOT APPLICABLE"

ANNEXURE-XV F

College Letter Head


**Details of Research Advisory/ Doctoral Committee**

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

Date:

Signature, Name and stamp of  
Dean/Principal/Director



  
Principal  
B.K.L. Walawalkar  
College of Physiotherapy  
Kasarwadi - Sawarde