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

(Please submit separate report for each subject)

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	ead of the Depa	rtment:				
Designation						
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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?
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8. Details of Research Advisory Committee	ee: (Attach Annexure "C")	
i) Date of Composition:		
ii) Total number of Members:		
iii) Number of meetings held in previous y		Yes / No
iv) Whether records of proceedings are m		Yes / No
9. Is Doctoral Committee constituted in		res / No
i) If Yes, Date of Composition:		
ii) Total number of Members:		
iii) Name of External Subject Expert		Yes / No
10. Is Plagiarism detection software faci		1637 110
If Yes, Name of the Software		Ver / No
11. Is attendance of the Ph.D. Scholar n		Yes / No
12. Whether Research Centre is registe	red under MPCB provisions	? Yes / No
13. Whether BMW facility is available?		Yes / No
14. Any other important thing related t	o Research/Department/F	acilities, which
will be helpful to carry out good quality		
We, the LIC Members, hereby certify that, Centre, the available other facilities, require observations of the Inspection Committee a	ed instruments and equip	ted and verified the Department/College/Research ment, available at the research centre. The overall
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Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	Typi case

4)

Principal
Sayali Chartable Trust
Homosopathic, Medical College &
Hospital, Mitmita, Aurangabad



SAYALI CHARITABLE TRUST'S

COLLEGE OF HOMOEOPATHY

Nityanand Park, Near Kasliwal Tarangan, Mitmita, Nashik Road, AURANGABAD.

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Ref: SCT/H/ 3 9 /20 23

Date: 10 /3 /2023

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		а					
2							
3		TOP	Al	PPL	ICA	BLF	
7.5	_						
4							

Date: 01/03/2023



Dr. Uma P. Kulkarni
Signature, Name and stamp of
Dean/Principal/Director
Principal
Sayali Chartable Trust
Homosopathic, Medical College &
Hospital, Mitmita, Aurangabad



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E-mail: drpyk1953@gmail.com Website: www.sayalicharitabletrust.org

Ref: SCT/H/ 320 /2023

Date: 0 /3 /2023

ANNEXURE-XIC

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Sr. No.	Name of Ethical Committee Member	Designation
1.	Dr. Uma Purushottam Kulkarni	Chairman
2.	Dr. Manisha Jogalekar	Member
3.	Dr. Prakash Gaikwad	Member
4.	Dr. Kalpana Rakhunde	Member
5.	Dr. Rupwati Karwa	Member

Date: 01/03/2023

Dr. Uma P. Kulkarni Signature, Name and stamp of

Dean/Principal/Director Principal Sayali Chartable Trust Homoeopathic, Medical College & Hospital, Mitmita, Aurangaba



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E-mail: drpyk1953@gmail.com Website: www.scthmca.com

Ref: SCT/H/ 32 / /2023

Date: | 13 /2023

ANNEXURE-XId

Details of Research Advisory/ Doctoral Committee

Sr. No.	Name of Research Advisory/ DoctoralCommittee/Subject expert Member	Designation
1.	Dr. Uma Purushottam Kulkarni	Chairman
2.	Dr. Rashmi Sabu	Member
3.	Dr. Prakash Gaikwad	Member
4.	Dr. Kalpana Rakhunde	Member
5.	Dr. Rupwati Karwa	Member

Date: 01/03/2023

Dr. Uma P. Kulkarni

Signature, Name and stamp of Dean/Principal/Director

Saysli Chartable Trust Homosopethic, Medical College & Hospital, Mitmita, Aurangabad