ANNEXURE XV – A/B/C/D/E/F

(Certificate/Fellowship/PhD Course Details)

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/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
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(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			

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Page 15 of 15

Information to be submitted with respect to newly appointed mentors

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

) General Experi	ience			/	
Designation	From	То		Total perio	odYear/Months
			40		
	(a) (b)				
		-	\mathcal{D}		
3) Actual experie	nce in the cu	bioct of conto	nod Follo	uchin/Cortif	ioata Cauraa
applied for :-	ince in the su	bject of concei	nea relio	wsnip/Certii	icate Course
Designation	From	10		Total period	Year/Months
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It is mandatory to at	tach self-atteste	d Photocopy of the	ne Experien	ce Certificate	of each Mentor in the
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FOR Ph.D COURSE(S) FOR A.Y. 20.....-20......

(Please submit separate report for each subject)

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	Department / Sub				- /		
	(Attach Annexul		alls of av	allable PIID	Guides: -		
		T i	in the same of the	Date of	Total No. of	Has completed six	PhD
Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Retirement	PhD Scholars Registered till date	days Research Methodology Workshop? Yes/No	Recognition No. and Date
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	ii)Number of meetings held in previous ye		<i>J</i>	22 1965 177
	v) Whether Records of proceedings are m	V		Yes / No
V)	Is Human and Animal Ethics Committee,	registered under t	ne appropriate autho	rity? Yes / No
8.	Details of Research Advisory Committee	tee: (Attach Anne	xure "C")	
) Date of Composition:			
	i) Total number of Members:			
	ii) Number of meetings held in previous y			V - / W -
	v) Whether records of proceedings are m	72 75 75		Yes / No
	s Doctoral Committee constituted in the			Yes / No
1	If Yes, Date of Composition:			
	ii) Name of External Subject Expert			
10.	Is Plagiarism detection software facility			Yes / No
	f Yes, Name of the Software			
	s attendance of the Ph.D. Scholar main			Yes / No
12.	Whether Research Centre is registered	CARLO COLLABOR CARCOLONIA D	visions?	Yes / No
	Whether BMW facility is available?			Yes / No
14.	Any other important thing related to Re	1,300	15.15	
	will be helpful to carry out good quality	y research under	this department:	
1	/			
/ .				
	DE	CLARATION BY I	-IC	
We	the LIC Members, hereby certify	that we have	e thoroughly inst	pected and verified th
	partment/College/Research Centre, the			
	lable at the research centre. The overall of			
ava	nable at the research centre. The overall c	bservations of the	inspection committee	te are as follows

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Vishnupuri, Nanded.

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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
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Date:

College of Physiolian appy

Signature, Name and stamp of

Dean/Principal/Director

Principal

Horizon College of Physiotherapy

Vishnupuri, Nanded.

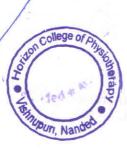
College Letter Head

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

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

Date:



Signature, Name and stamp of

Dean/Principal/Director

Rrincipal
Horizon College of Physiotherapy
Vishnupuri, Nanded.

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

Horizon College of Physiotherapy Vishnupuri, Nanded.