

FOR Ph.D COURSE(S) FOR A.Y. 2023-2024

(Please submit separate report for each subject)

Date of Inspection	:	
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Faculty: Dentistry**Subject/Specialty:** Conservative Dentistry and Endodontics**1. Name & Address of the College/Research Centre:-**

Government dental College and Hospital, St. George Hospital campus, P D Mellow road, CST, Mumbai. PIN- 400001

Name of Head of the Department: Dr. Abrar Sayed**Designation:** Professor and HOD**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	Dr. Abrar Sayed	Professor and HOD	08/07/1979	31/07/2043	Nil as guide himself is a scholar	yes	O.No. MUHS/UDC(Ph.D)/Guide/125/2020
2							
3							
4							
5							

4. Details of available infrastructure for Research:i) Adequate number of Computers with Internet facility is available? **Yes**ii) Adequate number of Books/Journals are available? **Yes**

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. available for research? **Yes**iii) Is Adequate number of Instruments available? **Yes**iv) Is Record of Stock book available? **Yes****6. Details of Central Animal House: NA**

i) Available Area in sq. ft:

ii) Functioning Central Animal House? **No**

7. DetailsofInstitutionalEthicalCommittee:(AttachAnnexure“B”)

i) DateofComposition9/10/2013

ii) TotalNumberofMembers: 08

iii) Numberofmeetingsheldin previousyear:02

iv) WhetherRecordsofproceedingsaremaintainedproperly?

Yes

v) IsHumanandAnimalEthicsCommittee,registeredundertheappropriateauthority?

Yes

8. DetailsofResearchAdvisoryCommittee: (AttachAnnexure“C”)

i) DateofComposition:01/12/2018

ii) TotalnumberofMembers:04

iii) Numberofmeetingsheldinpreviousyear:02

iv) Whetherrecordsofproceedingsaremaintainedproperly?

Yes

9. IsDoctoralCommitteeconstitutedinthelinesofRAC?

Yes/ No

i) IfYes,Dateof Composition:.....

ii) TotalnumberofMembers:.

iii) NameofExternalSubjectExpert.....

10. IsPlagiarismdetectionsoftwarefacilityavailable?

Yes / No

IfYes,NameoftheSoftware.....

11. IsattendanceofthePh.D.Scholarmaintainedproperly?

Yes /No

12. WhetherResearchCentreisregisteredunderMPCBprovisions?

Yes /No

13. WhetherBMWfacilityisavailable?

Yes /No

14. Any other important thing related to Research/Department/Facilities,

whichwillbehelpfulto carryout goodqualityresearchunderthisdepartment:

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DECLARATIONBYLIC

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/ResearchCentre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows:-

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NameofInspectors		Sign.ofInspectorswithDate
1)	Chairman	
2)	Member	
3)	Member	
4	Member	

