

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:** . ORAL PATHOLOGY AND MICROBIOLOGY.

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

GOVERNMENT DENTAL COLLEGE AND HOSPITAL, MUMBAI

Address: Government Dental College & Hospital, St. George's Hospital Compound,

P. D'Mello Road, Fort, Mumbai Pin code - 400 001

Contacts: Phone: (022) 22620668/69/70

Fax: (022) 22620789

e-mail: deangdch_mumbai@yahoo.com**2.****Name of Head of the Department:** - Dr.Tabita Joy Chettiankandy**Designation:** Professor And Head**3. 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. J.V. TUPKARI	PROFESSOR	01-01-1955	31-12-2018	03	yes	No.: MUHS/UDC /PFL/03/E-2/1219/2014, Date: 08/10/2014

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:.....

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5. Details of Central Research Laboratory:

i) Available Area (in sq. ft) : Not Applicable

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: Not Applicable .

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

7. Details of Institutional Ethical Committee: (Attach Annexure "B")

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:

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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: -

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

