

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

(Please submit separate report for each subject)

Date of Inspection	:	
---------------------------	---	--

Faculty:.... DENTAL.**Subject/Specialty:** Pediatric and preventive dentistry**1. Name & Address of the College/Research Centre: -**

GOVERNMENT DENTAL COLLEGE AND HOSPITAL, MUMBAI

St. George Hospital campus, P D Mello road, CST, Mumbai. PIN- 400001.

Name of Head of the Department: - Dr Dimple S Padawe**Designation:** Professor and Head**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. Dimple Padawe	Professor & Head	21-01-1973	31-01-2037	1	Yes	MUHS/UDC(P h.D)/Guide?81/2020
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):.. AVAILABLE

ii) Is Drugs/Medicines/Chemicals etc. are available for research? **Yes**iii) Is Adequate number of Instruments are available? **Yes**

iv) Is Records of Stock book available?

6. **Details of Central Animal House:** NA

i) Available Area in sq.ft:..

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

iii)

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

i) Date of Composition:.. 9/10/2013

ii) Total Number of Members:.. 8

iii) Number of meetings held in previous year:.. 2

iv) Whether Records of proceedings are maintained properly? **YES**

v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **YES**

8. **Details of Research Advisory Committee: (Attach Annexure "C")**

i) Date of Composition:.. 21/9/2021

ii) Total number of Members:.. 7

iii) Number of meetings held in previous year:..

Whether records of proceedings are maintained properly? **Yes**

9. **Is Doctoral Committee constituted in the lines of RAC?** **YES**

i) If Yes, Date of Composition **YES**

ii) Total number of Members:.. 7

10. Name of External Subject Expert – Dr Sumedh Sonawane

11. **Is Plagiarism detection software facility available? YES**

If Yes, Name of the Software – Plagiarism Checker X

Is attendance of the Ph.D. Scholar maintained properly? **YES**

12. **Whether Research Centre is registered under MPCB provisions?** **YES**

13. **Whether BMW facility is available?** **Yes**

14. **Any other important thing related to Research/Department/Facilities, which will be helpful to carryout 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	

