

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

(Please submit separate report for each subject)

<b>Date of Inspection</b>	:	
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**Faculty: Medical****Subject/Specialty: General Surgery.****1. Name & Address of the College/Research Centre: -****- JMF's A.C.P.M. Medical College & Hospital, Sakri Road, Dhule****Name of Head of the Department: - Dr. Arif E. Kaderi****Designation: Professor & HoD.****2. Department / Subject wise details of available PhD Guides: -**

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.Arif E. Kaderi	Prof.HoD	06/06/1958	05/06/2028	--	--	Under process
2	--	--	--	--	--	--	--
3	--	--	--	--	--	--	--
4	--	--	--	--	--	--	--
5	--	--	--	--	--	--	--

**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: **Surgical Specimens, End trainers, Laparoscope set, Endoscopy set, Skill Lab.**

**5. Details of Central Research Laboratory:**

- i) Available Area (in sq. ft) : **2000 Sq.ft.**
- 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: Not required as per NMC, regulation 2020.**  
 i) Available Area in sq. ft:  
 ii) Functioning Central Animal House? **Yes / No**
7. **Details of Institutional Ethical Committee: (Attach Annexure "A")**  
 i) Date of Composition: **28/08/2020**  
 ii) Total Number of Members: **Nine**  
 iii) Number of meetings held in previous year: **Three**  
 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 "B")**  
 i) Date of Composition :  
 ii) Total number of Members:  
 iii) Number of meetings held in previous year: **Three**  
 iv) Whether records of proceedings are maintained properly? **Yes / No**
9. **Is Doctoral Committee constituted in the lines of RAC? Yes / No (Attach Annexure "B")**  
 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 - Not applicable**
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:----**  
 - As mention in 4(iii).

Date: 12/12/2023

Signature :   
 Name of Dean: Dr. Nitin N. Kulkarni

**DEAN**

**A.C.B.M. Medical College,**  
 [Address/Contact Information]