

**FOR Ph.D COURSE(S) FOR A.Y. 20<sup>23</sup>...-20<sup>24</sup>...**

(Please submit separate report for each subject)

Date of Inspection : 

Faculty: Dental

Subject/Specialty: Prosthodontics Crown &amp; Bridge

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

VSPM Dental College and Research Center

Address - Digdoh Hills, Hingna Road, Nagpur- 440019

Name of Head of the Department : - Dr. Usha Radke

Designation: HOD &amp; Professor

**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. Usha Radke	HOD & Professor	19/11/1958	30/11/2022	4	No	MUHS/UDC/PFL/E-2/690/2017 Date : 04/05/2017
2	Dr. Neelam Pande	Professor	01/12/1967	31/12/2032	5	Yes	MUHS/UDC/PFL/E-2/639/2017 Date : 21/04/2017

**4. Details of available infrastructure for Research:**i) Adequate number of Computers with Internet facility is available? Yes / Noii) Adequate number of Books / Journals are available? Yes / Noiii) Any other specific thing available at the Department: Yes

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**5. Details of Central Research Laboratory:**i) Available Area (in sq. ft): Sufficient Spaceii) Is Drugs/Medicines/Chemicals etc. are available for research? Yes / Noiii) Is Adequate number of Instruments are available? Yes / Noiv) Is Records of Stock book available? Yes / No**6. Details of Central Animal House:**i) Available Area in sq. ft: N/Aii) Functioning Central Animal House? Yes / No

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

- i) Date of Composition: 2008.....
- ii) Total Number of Members: 14.....
- iii) Number of meetings held in previous year: 14.....
- 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: 26.7.2016
- ii) Total number of Members: 9.....
- iii) Number of meetings held in previous year: 4.....
- iv) Whether records of proceedings are maintained properly?  Yes /  No

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

- i) If Yes, Date of Composition: .....
- ii) Total number of Members: .....
- iii) Name of External Subject Expert.....

**10. Is Plagiarism detection software facility available?**

If Yes, Name of the Software I-Athenticate

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

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

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

**14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

yes  
.....  
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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: -

.....  
.....  
.....

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





**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: - Dental

Subject/Specialty: - Conservative Dentistry &amp; Endodontics

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

Vidya Shikshan Prasarak Mandal's Dental College & Research Center,  
Digdoh Hills, Hingna road Nagpur.

Name of Head of the Department: - Dr. Pratima Ramakrushana Sheno

Designation: - Professor &amp; 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. Pratima Ramakrushana Sheno	Professor & HOD	24/09/1967	23/09/2031	06	Yes	MUHS/UDC/PFL/ E-2/631/2017 Date:- 27/04/2017
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:.....

.....  
 .....  
 .....

5. Details of Central Research Laboratory:

i) Available Area (in sq. ft): Support Space

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: N/A

ii) Functioning Central Animal House? Yes / No



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

- i) Date of Composition: 2008
- ii) Total Number of Members: 14
- iii) Number of meetings held in previous year: 14
- 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: 26.7.2016
  - ii) Total number of Members: 9
  - iii) Number of meetings held in previous year: 4
  - iv) Whether records of proceedings are maintained properly?  Yes /  No
- 9. Is Doctoral Committee constituted in the lines of RAC?**

- i) If Yes, Date of Composition: .....
- ii) Total number of Members: .....
- iii) Name of External Subject Expert: .....

**10. Is Plagiarism detection software facility available?**

If Yes, Name of the Software: I - Authenticate

- 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:

yes

**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	





**DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY**  
**FOR Ph.D COURSE(S) FOR A.Y. 20<sup>23</sup>-20<sup>24</sup>**

(Please submit separate report for each subject)

Date of Inspection : \_\_\_\_\_

Faculty: DENTAL

Subject/Specialty: ORAL PATHOLOGY & MICROBIOLOGY

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

VSPM DENTAL COLLEGE RESEARCH CENTER, DIGDOH HILLS, NAGPUR

Name of Head of the Department: - Dr. Alka Dive

Designation: Prof. & 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. Alka Dive	Prof. & Head	10/4/1965	April 2030	5	No	MUHS/UDC/PFL/E-2/64/2014 Date - 27/04/2017
2	Dr. Shubhangi Khandekar	Professor	7/7/1970	Aug-2035	4	Yes	MUHS/UDC/PFL/E-2/640/2017 Date :- 27/04/2017

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:

1. Research Trinocular Microscope

2. Pentahead Microscope

5. Details of Central Research Laboratory: (LIST ATTACHED)

i) Available Area (in 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: (LIST ATTACHED)

i) Available Area in sq. ft: ... N/A ...

ii) Functioning Central Animal House? Yes / No





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

- i) Date of Composition: **2008**
- ii) Total Number of Members: **14**
- iii) Number of meetings held in previous year: **14**
- 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") (LIST ATTACHED)**

- i) Date of Composition: **26 July 2016**
- ii) Total number of Members: **4**
- iii) Number of meetings held in previous year: **4**
- iv) Whether records of proceedings are maintained properly? **Yes**

**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**

If Yes, Name of the Software: I-Authenticate

**11. 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 carry out good quality research under this department:**

Yes

**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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.....

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



**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: - DENTAL

Subject/Specialty: - ORAL &amp; MAXILLOFACIAL SURGER

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

**VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR**

Name of Head of the Department: - Dr. S. R. Shenoi

Designation: HOD &amp; Prof. (vice dean)

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. S. R. Shenoi	HOD & Prof.	01/01/1968	31/12/2032	Nil	Yes	MUHS/UDC/PFL/E-2/642/2017, Dt. 27/4/2017
2							
3							
4							
5							

4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available?  Yes /  Noii) 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) : *Available in sufficient space*ii) Is Drugs/Medicines/Chemicals etc. are available for research?  Yes /  Noiii) Is Adequate number of Instruments are available?  Yes /  Noiv) Is Records of Stock book available?  Yes /  No

6. Details of Central Animal House:

i) Available Area in sq. ft: ..... *N/A*ii) Functioning Central Animal House?  Yes /  No



7. **Details of Institutional Ethical Committee: (Attach Annexure "B")**
- i) Date of Composition: 2018
  - ii) Total Number of Members: 14
  - iii) Number of meetings held in previous year: 14
  - 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: 26/7/2016
- ii) Total number of Members: 9
- iii) Number of meetings held in previous year: 4
- iv) Whether records of proceedings are maintained properly?  Yes /  No

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

- i) If Yes, Date of Composition: .....
- ii) Total number of Members: .....
- iii) Name of External Subject Expert: .....

10. **Is Plagiarism detection software facility available?**

If Yes, Name of the Software: I-Athenticate

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

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

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

14. **Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

yes

**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	





**FOR Ph.D COURSE(S) FOR A.Y. 2022-2023**

(Please submit separate report for each subject)

Date of Inspection	:	
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Faculty: . . Orthodontics . . . . . Subject/Specialty: , Orthodontics & Dentofacial Orthopedics

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

VSPM'S DENTAL COLLEGE & Research Orthopedics

Name of Head of the Department: - ...Dr. Usha Shenoy.....

Designation: .....Prof. & 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. Usha Shenoy	Prof & HOD	09/12/1962	09/02/2027	6	No	MUHS/UDC(Ph.D)/Guide/78/2020
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:.....

1. Nemoceph Digital Cephalometric Tracing Software

2. Biostar Machine ( Quantity 2)

5. Details of Central Research Laboratory:

i) Available Area (in sq. ft) : .....

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? Yes

6. Details of Central Animal House:

i) Available Area in sq. ft: N/A

ii) Functioning Central Animal House? Yes / No



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

- i) Date of Composition: 2018
- ii) Total Number of Members: 14
- iii) Number of meetings held in previous year: 14
- 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: 26/7/2016
- ii) Total number of Members: 9
- iii) Number of meetings held in previous year: 4
- iv) Whether records of proceedings are maintained properly?  Yes /  No

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

- i) If Yes, Date of Composition: .....
- ii) Total number of Members: .....
- iii) Name of External Subject Expert: .....

10. Is Plagiarism detection software facility available?

If Yes, Name of the Software: I-Athensticate

11. Is attendance of the Ph.D. Scholar maintained properly?

12. Whether Research Centre is registered under MPCB provisions?

13. Whether BMW facility is available?

14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:

yes

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	





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:..Dental

Subject/Specialty: .Periodontology.&amp; Implantology

1. Name & Address of the College/Research Centre:-VSPM Dntal College and Research Center  
Digdoh Hills Hingna Road Nagpur

Name of Head of the Department:-Dr. Abhay P. Kolte

Designation: HOD &amp; Proffessor

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 Abhay P Kolte	P Prof & HOD	,29-06-1970	30/6/34	6	Yes	MUHS/UDC/PHD/E-2/849/2017 Date 3/7/2017
2	Dr Rajshri A Kolte	Professor	,22-08-1974	31/8/2038		Yes	MUHS/UDC/PHD/E-2/849/2017 Date 3/7/2017
3	Dr surekh R Rathod	Professor	25/03/1971	31/3/2035	5	Yes	MUHS/UDC/PFL/E-2/673/2017 Date 3/5/2017

4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? Yes

Yes/No

ii) Adequate number of Books/Journals are available? Yes

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):... .. Yes.. ..

ii) Is Drugs/Medicines/Chemicals etc. available for research? Yes

Yes/No

iii) Is Adequate number of Instruments available? Yes

Yes/No

iv) Is Records of Stock book available? Yes

Yes/No

6. Details of Central Animal House:

i) Available Area in sq. ft:.. ..

ii) Functioning Central Animal House? No Yes/No



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

- i) Date of Composition: 2008
- ii) Total Number of Members: 14
- iii) Number of meetings held in previous year: 14
- 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: 26/7/2016
- ii) Total number of Members: 9
- iii) Number of meetings held in previous year: 4
- iv) Whether records of proceedings are maintained properly?  Yes /  No

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

- i) If Yes, Date of Composition: .....
- ii) Total number of Members: .....
- iii) Name of External Subject Expert: .....

10. Is Plagiarism detection software facility available?

If Yes, Name of the Software: J-Authenticate

- 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:

yes

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	





**FOR Ph.D COURSE(S) FOR A.Y. 20<sup>23</sup>-20<sup>24</sup>..**

(Please submit separate report for each subject)

<b>Date of Inspection</b> :	
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Faculty: Dental Subject/Specialty: Oral Medicine and Radiology

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

VSPM'S Dental College and Research Centre

Name of Head of the Department: - Dr. Mukta B. Motwani

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. Mukta Motwani	Professor & HOD	23/06/1966	23/6/2030	5	Yes	MUHS/UDC/Ph.D/E-2/1053/2017

**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:.....

.....  
 .....  
 .....

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

i) Available Area (in 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:**i) Available Area in sq. ft: N.A.

ii) Functioning Central Animal House? Yes / No



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

- i) Date of Composition: 2008
- ii) Total Number of Members: 14
- iii) Number of meetings held in previous year: 14
- 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: 26/7/2016
- ii) Total number of Members: 9
- iii) Number of meetings held in previous year: 4
- iv) Whether records of proceedings are maintained properly?  Yes /  No

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

- i) If Yes, Date of Composition: .....
- ii) Total number of Members: .....
- iii) Name of External Subject Expert: .....

**10. Is Plagiarism detection software facility available?**

If Yes, Name of the Software: J-Authenticate

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

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

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

**14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

yes

**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	

