

Sl. No.	Application for Recognition as PhD Centres	
1	Name of the Institution with Address	
2	Recognition sought for PhD programme for the Institution as a whole	Yes/No
	If Yes , Give details of approved and affiliated PG Courses in the Institution	Annexure
	If No , Specify subject/Departments in which recognition is sought	Attach if Annexure if required
3	Other supporting departments	
4	Other facilities, <input type="checkbox"/> Access to Biostatistics <input type="checkbox"/> Library <input type="checkbox"/> Computer lab/facility with Internet	Annexure
5	Details of Laboratory/work area inside the institution.	Annexure
6	Details of Laboratory/work area (accessible for the department/institution) outside the institution	Annexure
7	List of Equipments As for requirement for conducting the PG Course/PhD programme	To be attached-Annexure
8	Library facility a) Number of books: b) Number of reference books c) No. of print journals subscribed: (attach Proof): d) No. of e- journals subscribed (attach proof): e) Books in concerned specialty as mentioned for PG regulations in the concerned department , f) Online search facility of all medical and allied Science Journals.	Give details (Attach separate pages if necessary) Annexure

	g) Medical records library which has filing and indexing system.	
9	Animal House facility:	Yes/No
10	No. of Lecture Halls:	
11	Any other facilities supporting research: a. Printing, b. Photostat machine c. Plagiarism check soft ware d. Statistics software	
12	Availability of other facilities in the Department: As per Council, if available requirement for PG course.	
13	Common rooms : As per Council, if available requirement for PG course	
14	Toilets : As per Council, if available requirement for PG course	
15	Staff rooms : As per Council, if available requirement for PG course	
16	Auditorium : As per Council, if available requirement for PG course	
17	Other courses: Give details of other courses being conducted	
18	Details of hospital facilities available as per council requirement for the specialty PG courses	Annexure
19	Details of KUHS recognised PhD Guides / eligible to be recognised by the University	Give details Annexure if necessary
20	Publications from the department in the last 5 years. (please attach all)	Annexure
21	Research output (projects/studies/Accepted publications/Papers under review in journals etc) during the last five years from the department.	GIVE DETAILS Annexure
22	Details of Patents Received/Applied for.	GIVE DETAILS Annexure
23	External Funded Research Projects	

	a) Completed b) Ongoing	GIVE DETAILS Annexure
24	Internal funded Research Projects a) Completed b) Ongoing	GIVE DETAILS Annexure
25	Ongoing research activities other than mentioned above	GIVE DETAILS Annexure
26	Other academic activities like seminars/ conferences etc conducted by the department. (At least 2 state level conferences in last 3 years, preferred)	Annexure
27	Institutional Review Board constituted as per the guidelines.	GIVE DETAILS including Members details Annexure
28	Institutional Research Committee constituted as per the guidelines.	GIVE DETAILS including Members details Annexure
29	Institutional Human Ethics Committee constituted as per the guidelines.	GIVE DETAILS including Members details: Register number of the EC: Annexure
30	Institutional Animal Ethics Committee constituted as per the guidelines.	GIVE DETAILS including Members details: Register number the EC: Annexure
31	Collaboration/MOUs with other research institutions, if any	GIVE DETAILS Annexure
32	Is any other department or facility under the same Institution/College/Centre recognised as a Research Centre, if so name, location and address	
33	Is any other department or facility under the same Institution seeking recognition as a Research Institution, if so name, location and address	

GENERAL INFORMATION

DETAILS OF THE INSTITUTION

1	Name of the Institute with location :		
2	Administrative Status of the Institution : (Society/Trust/Institution or any other)		
3	Head of the Institution/College/Centre (Designation) :		
4	Name :		
	Address :		
	Telephone No. :		
	Mobile No. :		
	E Mail :		
5	Name of the University/Agency with which the Institution/College/Centre is affiliated/recognised for research/courses/activities, if any :		
	Sl.No.	Name of the Course / Activity	Name of the University/Agency/Institution

II. DETAILS OF INSTITUTION / COLLEGE

(Applicable if the institution is not already affiliated to KUHS and details not already available with KUHS).

1. Total area of building – Plinth area:

(Attach copy of Approved plan)

[illegible]

Annexure.**Approved and Affiliated PG Courses in the institution:**

Sl.N o.	Name of PG Course	Start date	Number of Students	How many batches qualified till date.	Comments

Annexure.**Details on Access to Biostatistics services, Library facility, Computer Lab/facility with Internet:**

Sl. No.	Name of service	Details
	Biostatistics services	
	Library facility	
	Computer lab/facility with Internet:	

Annexure.

Laboratory/work area & Details: Within the institution.

[illegible]

Annexure.

Laboratory/work area & Details: Outside the institution

(Accessible to the department/institution).

[illegible]

Annexure.

List of Equipments: Present in the Institution.

Sl. No.	Name of equipment	Source	Year of purchase/Installation/duration of rental	Application in Research/Teaching	Comments
1					
2					
3					
4					
5					
6					
7					
8					
If Out sourced					
Sl. No.	Name of equipment	Source	Year of Outsourcing	Application in Research/Teaching	Comment Including Reasons for out sourcing
1					
2					
3					

Annexure**Library facility: (Total area)**

Total Area	Total No. of Books	No. of Ref. Books	No. of Books related to area of research	No. of print journal	No. of e-journal	Physical verification/proof	Comments

Annexure

5. Animal House facility :	
6. No. of Lecture Halls, if any :	
7. Any other facilities supporting research :	
8. Other facilities in the	

building :	
a) Common rooms :	
b) Toilets :	
c) Staff rooms :	
d) Auditorium	
e) Other courses :	

Annexure.

(Please mention NA, if not applicable)

III. DETAILS OF HOSPITAL FACILITIES AVAILABLE AND RELATED TO THE RESEARCH ACTIVITIES

1	Number of beds	
2	Departments	
3	Whether teaching hospital or not	
4	Courses with number of seats	
5	Facilities	

(Please mention NA, if not applicable)

Annexure.

IV. DETAILS OF FACULTY MEMBERS :

(Attach separate list of faculties stating the Designation, Qualification, Experience, Date of Joining with their signature etc. in the following format for each faculty)

Name, Date of joining present Institution	Designation	Qualification	Subjects of Experience/ Research Expertise	Post doctoral/ Post MD/MS Teaching/ Research (No. of years)	Full time/Part time

Research Experience :	
Research supervision :	
External funded project :	
Area of Research Expertise :	
No. of publications after joining the centre :	

Research Projects involved :	
Total No of Publications	
Details of recognition/ Awards etc. if any	

Annexure.

V. RESEARCH OUTPUT DURING THE LAST FIVE YEARS:

A. Publications in Peer reviewed Journals

(Limited to recent work done, attach list of publications) : 10 numbers

Sl. No.	Publication	Publisher, Impact factor of Journal	Citation	Comments on Journal	Comments on Article
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Annexure.

B. Details of Patents Received/Applied for:

Sl.No.	Title	Authority	Ref.No.		Comments
a					
b					
c					

Annexure.

C. External Funded Research Projects Govt./Industry/Other sources :

Sl. No.	Title of the Project	Name of Investigators	Funding agency, year of starting and completing	Amount sanctioned

Annexure.**D. Projects Funded from Internal/Shared/Consultancy/Fee/Other sources:**

Sl. No.	Title of the Project	Name of Investigators	Funding agency, year of starting and completing	Amount sanctioned
a.				
b.				
c.				
d.				
e.				
f.				
g.				

Annexure**VI. ONGOING RESEARCH ACTIVITIES/PRELIMINARY STUDIES NOT INCLUDED IN THE ABOVE PROJECTS:**

Sl. No	Title	Investigators	Status	Expected Future Projection/outcome	Remarks , if any
a					
b					
c					
d					
e					