

Kerala University of Health Sciences Thrissur



Inspection Proforma for Starting Research Center for PhD

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified and attested by the Principal for submission along with the report)

University Order No (For conducting inspection): _____

Assessment Date_____

Particulars of the Assessors:-

1.

2.

3.

1. **General Information**

1.1 Name of Institution:

Particulars of Head
of the Institution
(Director/Dean/Principalwhosoever is head)

- ◆ Name:
- ◆ Age :
- ◆ PG Degree { University
InstitutionYear
- ◆ Total teaching experience(give details)

1.2 Name of the Department in which recognition is sought:

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Particulars of Head of the Department

- ◆ Name:
- ◆ Age :
- ◆ PG Degree { University
InstitutionYear
- ◆ Total teaching experience(give detail)

1.3 Type of Institution:

Type of Institution:	Tick against the type of institution	Whether Attached relevant orders of establishment (Specify Annexure number)
(i) National Research Institutes under ICMR, CSIR, ICSSR, DRDO, DAE, ISRO etc.,		
(ii) other Government of India/Government of Kerala Research Institutes of National importance		
(iii) R & D laboratories approved by ICMR, DSIR, Centres of research for Social Sciences, Management studies, Economics etc., and accredited by a National agency, with at least 5 years of standing and good track record,		
(iv) University Schools/Centres/Academic Staff College of KUHS/Institutions affiliated to the University, with proven track record as evidenced by		

Signature of AC Member

Signature of Inspector 1 with date

Signature of Inspector 2 with date

1.4 DETAILS OF THE COURSES CONDUCTED BY THE COLLEGE (If Applicable)

(UG/PG DEGREE/DIPLOMA/SUPER SPECIALITY)

Sl No	Name of the course	No of seats	Year of commencement ofcourse	Authority Affiliated to:

Signature of AC Member

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Signature of Inspector 2 with date

1.5 Publications from the department in the last 5 years in peer reviewed , indexed research / professional Journals

Sl.No	Title	Published Journal and Date of Publishing	Authors

Signature of AC Member

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Signature of Inspector 2 with date

1.6 Details of teaching/ Research Staff of the Department in which recognition is sought

Sl. No	Designation	Name with Date of Birth	Nature of employment Permanent/Hon/ Emeritus/Visiting/ adjunt/ Part-time))	<u>Post PG Experience (Teaching / Research)</u> Date wise teaching/ Research experience with designation & Institution (After PG)					Whether recognized as PhD Supervisory Guide of KUHS (Y/N)	No. of Research Publications in peer reviewed, indexed scientific /professional Journals after acquiring PG
				Designation	Institution	From	To	Period		

Signature of AC Member

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1.7 Details of the recognized guides and the status of the Research activities:

Sl.No	Name of the Guide	Department	Recognition order No. and Date	No. of PhD Scholars Guiding

Signature of AC Member

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Signature of Inspector 2 with date

2. Institutional facilities:

2.1 Annual Plan & Non-plan budget allotted for Research and utilized in the last three years.(separate list should be attached)

2.2 Statement of Salary paid to the faculty staff/ Research Staff of the Department in which recognition is sought, during the last three years.(separate list should be attached)

2.3 Total no. of rooms available for the research :

2.4 Total area of Building with Sq.ft.

2.5 Details of furniture available for the use of : research Scholars

2.6 Sufficiency of Fan and Lighting facilities :

Signature of AC Member

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Signature of Inspector 2 with date

2.7. Details of Library/Learning resource facilities (Please enclose the list):

Availability of books

Sl. No.	Subjects offered for research	No.of Titles	No.of Volumes

Signature of AC Member

Signature of Inspector 1 with date

Signature of Inspector 2 with date

2.8. Availability of Journals/Magazines (Please enclose the list of Journals/Magazines)

Sl. No.	Subjects offered for research	No.of Journals	No.of Magazines

Signature of AC Member

Signature of Inspector 1 with date

Signature of Inspector 2 with date

2.9. Availability of on line journals and data bases subscribed (please enclose the list)

Sl. No.	Subjects offered for research	No.of Journals	No.of Data Bases

Signature of AC Member

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2.10. Facilities available for Research:

Sl.No	Facility	Available/Not Available	Number	Particulars
	Computers CD/DVD Printers Scanners Photo copying facilities UPS LCD Projectors Internet Facility Networking(wired/wire free) Video conferencing facilities			

Signature of AC Member

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2.11..Softwares available for Research (System/Scientific/Application/Statistical) -

Availability

	Available/Not Available	Name of Softwares Available
plagiarism check software,		
statistics software		
qualitative research data base		

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2.12.Details of other softwares related to Research

Sl.No	Name of the software	Purpose

2.13. Details on Access to Biostatistics services, Computer Lab/facility with Internet:

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

Signature of AC Member

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Signature of Inspector 2 with date

2.14. Details of Laboratory facilities for research programmes:

(a) Physical Dimensions

Sl.No	Name of the Laboratory	Dimensions(Sq.mtr)	Equipments available	Whether the Laboratories being used for UG and PG Courses also(Please enclose the Laboratory time table)

Signature of AC Member

Signature of Inspector 1 with date

Signature of Inspector 2 with date

2.15. Details of hospital facilities available and related to the research activities (Provide or Enclose details):

2.16. Other supporting departments/ facilities in the institution (Provide or Enclose details):

2.17. Other clinical departments pertaining to the field of study—Name and give details (Provide or Enclose details):

Signature of AC Member

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Signature of Inspector 2 with date

2.18. Other Facilities

Sl No	Facilities/Criteria	Available /Not Available
1	Lecture Halls: Council requirement +2/3 discussion rooms with furniture.	
2	Common rooms:	
3	Toilets:	
4	Staff rooms:	
5	Auditorium:	
6.	Access to Biostatistics (Enlose details if available)	
7.	Animal House facility: (Enlose details if available)	
8.	Institutional review board(Enlose details if available)	
9.	Institutional Innovation Cell (Enlose details if available):	

Signature of AC Member

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2.19. Research output from the department (Provide or Enclose details):

a) Details of Patents Received/Applied for (not essential) :

Sl.No.	Title	Authority	Ref.No.	Comments

Signature of AC Member

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Signature of Inspector 2 with date

b) External Funded Research Projects---(2 ongoing projects)

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

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c) Internal funded Research Projects/ Consultancy (5 ongoing projects)

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

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d) Ongoing research activities:

Sl.No	Title	Investigators	Status	Expected Future Projection/outcome	Remarks, if any

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e) research related CME (short courses are preferred):

f) Collaboration/MOUs with other research institutions etc. Preferable

Signature of AC Member

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g) Any other access to language editing, copy editing, printing services

Remarks of the inspectors

Signature of AC Member

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Cardinal Deficiencies (if any)

Declaration of the Principal

The above details mentioned in the inspection proforma is true and correct to my knowledge, and the rectification report/action taken report on the deficiencies pointed out will be informed to the University, addressed to Dean Research, within 15 days from the date of inspection.

principal

Signature of AC Member

Signature of Inspector 1 with date

Signature of Inspector 2 with date