

**BHARATHIDASAN UNIVERSITY
TIRUCHIRAPPALLI - 620 024**

PROFORMA FOR PH.D. PROGRAMME

**THE REPORT OF THE INSPECTION COMMISSION APPOINTED FOR CONSIDERING
GRANT OF RECOGNITION AS RESEARCH CENTRE / DEPARTMENT**

1. A. Name of the College/Institution visited :
- b. Type of Management (Govt./Aided/ Self- :
 financing)
2. a. Name of the Member of the Commission
 Who visited the College for the above
 purpose
- b. Name of the Syndicate Member of the
 Commission who visited the College for
 the above purpose
3. Date of Inspection
4. Name of the subject of the Ph.D.
 programme for which the recognition is
 sought for
5. a. Mention courses being offered in the
 department of the college on the discipline
 in which research has to be carried out
- b. Furnish names of staff with their
 qualifications appointed for the courses
 being offered in the department (enclose
 the list)
- c. Furnish the names of Research Adviser
 duly recognized by the University for
 guiding students together with the copy of
 the such recognition letter
- d. Furnish the name of the Ph.D. holder(s)
 available in the concerned department

6. a. The particulars of Laboratory facilities including equipments for research with the dimensions of the laboratory and number of work tables
- b. The particulars of space for accommodating research scholars
7. a. Library books now available
- b. Furnish the names of Journals Indian / Foreign available in the department
- c. List of Journals proposed by the Management to be added
- d. Additions to Journals / Instruments / equipments any, recommended by the Commission specifically.
8. Research projects under Minor / Major level and other research schemes sanctioned by other agencies undertaken by faculty members in the department
9. Other information, if any, which the Commission would like to furnish.
10. Mention specific recommendations of the Commission as to whether request of the college for recognition of the department as Research Centre for Ph.D. Programme may be granted based on the infrastructural facilities including qualified guides available in the department of the college.

**SIGNATURE OF THE
SUBJECT EXPERT**

Place:
Date:

**SIGNATURE OF THE
SYNDICATE MEMBER**

