

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: Dr. Neelam Noel Andrade **Subject/Specialty:** Oral and Maxillofacial Surgery**1. Name & Address of the College/Research Centre:-**

NAIR HOSPITAL DENTAL COLLEGE
DR. A L NAIR ROAD, MUMBAI CENTRAL,
MUMBAI-400008, MAHARASHTRA, INDIA

Name of Head of the Department: - Dr. Neelam Noel Andrade**Designation:** 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. Neelam Noel Andrade	Professor	18.12.1961	31.12.2023	06	Yes	MUHS/UDC/PFL/E-2/684/2017
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 : 750 sq mt.

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.

ii) Functioning Central Animal House?

Yes / No


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

- i) Date of Composition: 13.07.21 (Date of renewal of registration)
- ii) Total Number of Members: ...12
- iii) Number of meetings held in previous year: ... 03.
- iv) Whether Records of proceedings are maintained properly? ☒ Yes / No
- v) Is Human and Animal Ethics Committee, registered under the appropriate authority? ☒ Yes / No **N.A.**

8. Details of Research Advisory Committee: (Attach Annexure "C")

- i) Date of Composition:21.04.22
- ii) Total number of Members:06
- iii) Number of meetings held in previous year:02
- iv) Whether records of proceedings are maintained properly? ☒ Yes / No
- 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 / No

If Yes, Name of the Software...Duplichecker.....

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:

- Allied learning activities with Department of Plastic Surgery, TNMC, for additional expertise in advanced procedures like microvascular surgery.
- Integrated learning activities with allied branch, Department of Prosthodontics, NHDC for exposure to interdisciplinary treatment planning.

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	

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CS-4B

MUNICIPAL CORPORATION OF GREATER MUMBAI**NAIR HOSPITAL DENTAL COLLEGE**

Dr. A. L. Nair Road, MUMBAI-400 008. INDIA.

Tel. No. : 23082714-5-6-7

Telegraphic Address : 'Dento' Byculla, Mumbai - 400 008.

E.Mail : nairdentalmumbai@gmail.com

Fax : 91-22-308 06 55

ANNEXURE-XVIII-B**List of Ph.D. Guides Available at Ph.D. Research Centre**

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. Neelam Noel Andrade	Professor	18.12.1961	31.12.2023	06	Yes	MUHS/UDC/PFL/E-2/684/2017

Date:**Signature, Name and stamp of****Dean/Principal/Director**

[Signature]
Dean
Nair Hospital Dental College


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ANNEXURE-XVIII-C
Details of Institutional Ethical Committee
A) Details of Institutional Ethical Committee

Sr.No.	Name of Ethical Committee Member	Designation
1	Dr. Rajan Nerurkar	Medical Scientist
2	Ms. Sameena Maldar	Lay person
3	Dr. Shobha Dilip Deshpande	Chairperson
4	Dr. Rajiv S Desai	Member Secretary
5	Dr. Mala Dixit	Clinician
6	Dr. Shweta Bhat	Clinician
7	Dr. Adesh Kakade	Clinician
8	Dr. Vishwas Kharsan	Clinician
9	Dr. Pankaj Gupta	Clinician
10	Dr. Vini Mehta	Clinician
11	Ms. Padmaja Kanitkar	Social Scientist
12	Dr. Rajesh Munagekar	Legal Expert

 Dean
Nair Hospital Dental College

Date:
Signature, Name and stamp of
Dean/Principal/Director



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ANNEXURE-XVIII-D

Details of Research Advisory/ Doctoral Committee

Sr.No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1	Dr. Neelam Andrade	Chairperson (Dean)
2	Dr. Srivali Natrajan	Member (Phd Guide)
3	Dr. Sonal Vahanwala	Allied Branch member (Phd Guide)
4	Dr. Shivani Bansal	Allied Branch member
5	Dr. Jain Shikharhand Gulabchand	Member (Statistical Expert)
6	Dr. Seema Kamble	Member (Statistical Expert)

Date:

Signature, Name and stamp of

Dean/Principal/Director

(Signature)
Dean
 Nair Hospital Dental College

FOR Ph.D COURSE(S) FOR A.Y. 20.....-20.....

(Please submit separate report for each subject)

Date of Inspection :**Faculty:** Dr. Kulvindersingh M Banga **Subject/Specialty:** Conservative Dentistry and Endodontics**1. Name & Address of the College/Research Centre:-**

NAIR HOSPITAL DENTAL COLLEGE,
DR.A L NAIR ROAD, MUMBAI CENTRAL,
MUMBAI-400008,
MAHARASHTRA , INDIA

Name of Head of the Department:- Dr. Kulvindersingh M Banga**Designation:** 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
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2							
3							
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4. Details of available infrastructure for Research:

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Yes / No

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6. Details of Central Animal House:

Available Area in sq. ft:

Functioning Central Animal House?

Yes / No

(Signature)
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Nair Hospital Dental College

of Institutional Ethical Committee: (Attach Annexure "B")

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v) Is Human and Animal Ethics Committee, registered under the appropriate authority?

Yes / No

Yes / No N.A.

7. Details of Research Advisory Committee: (Attach Annexure "C")

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iii) Number of meetings held in previous year: . . 02.
iv) Whether records of proceedings are maintained properly?

Yes / No

Yes / No

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

- i) If Yes, Date of Composition:
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Yes / No

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

Yes / No

11. Whether Research Centre is registered under MPCB provisions?

Yes / No

12. Whether BMW facility is available?

Yes / No

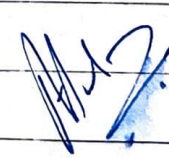
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2)	Member	
3)	Member	
4	Member	



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7	Dr. Adesh Kakade	Clinician
8	Dr. Vishwas Kharsan	Clinician
9	Dr. Pankaj Gupta	Clinician
10	Dr. Vini Mehta	Clinician
11	Ms. Padmaja Kanitkar	Social Scientist
12	Dr. Rajesh Munagekar	Legal Expert

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Date:



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Sr.No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1	Dr. Neelam Andrade	Chairperson (Dean)
2	Dr. K.S. Banga	Member (Phd Guide)
3	Dr. V.K. Shetty	Member (Phd Guide)
4	Dr. Seema Kamble	Member (Statistical Expert)
5	Dr. Heeresh Shetty	Member (Subject Expert)

Date:

Signature, Name and stamp of

Dean/Principal/Director

Dean
Nair Hospital Dental College