

**RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA**  
**4<sup>th</sup> 'T' Block, Jayanagar, Bangalore – 560 041.**

**Form No. 4**

**APPLICATION FOR RECOGNITION OF AN INSTITUTION FOR  
RESEARCH LEADING TO Ph.D FOR THE YEAR – 2024-2025**

**A. PARTICULARS OF PAYMENT OF FEE FOR RECOGNITION.**

1. Payment of Application Form Fee Rs. 1000/-

Online payment No..... Date..... Bank.....

2. Payment of Inspection Fee for Recognition of the Institution Fresh Rs. 50,000/- per subject , continuation Rs.10,000/- per subject

Online payment No..... Date..... Bank.....

**B. DESCRIPTION OF THE INSTITUTION**

1. Name of Institution :

2. Address of the Institution :

Telephone Off :

Fax :

E-Mail :

3. Date of Establishment :

4. Type of Institution (Please tick) : Academic    Research    Training  
Industry

5. Name of Head of the Institution

Designation :

Qualification :

Telephone Off :

Res. :

E-Mail :

6. Name and particulars of the Trust/  
Board/Management/Governing  
Council/Advisory Committee of  
the Institution :

7. Recognition required for Conducting Ph.D Programmes in the following Faculties and Departments:

Sl. No.	Faculties	Subjects / Departments

8. RGUHS affiliated PG Courses conducted by the Institution (Please give details)

Sl. No.	PG Specialization	Year of Starting	Affiliated to RGUHS Give Details	Recognised by Apex-bodies Give Details	Already Recognised for Ph.D in any other University Give Details

9. Annual Budget for Institution

Recurring :  
Non Recurring :

10. Annual Budget for Research and Development

Recurring :  
Non Recurring :



6. Investigation Laboratories if any, give details in a separate annexure

7. Animal House

Area :  
Staff :  
Type of animal :

8. Facilities Available for Research :

#### **D. ACADEMIC DEVELOPMENTS**

1. Continuing Education Unit

Date of Establishment :  
Nature of activities :  
List of Continuing Education and Faculty :  
Development programmes conducted during :  
last one year

2. Research and Publication

a. Publications of the Institution during last 3 years :

b. Publication of Scientific Papers/Presentation  
made by faculty members in International  
Journals, Conferences, Seminars etc.  
(Enclose Bibliographic List) :

c. Publication of Scientific Papers/Presentation  
by faculty members in Indian Journals,  
Conferences, Seminars etc.  
(Enclose Bibliographic List) :

d. Research Projects Carried out during last e years)

i. By Faculty Members (list of details to be enclosed) :  
ii. By Research Scholars(List of details to be enclosed):  
iii. By PG students (list of details to be enclosed) :

e. Research Projects in Progress (current)

- i. By Faculty Members (list of details to be enclosed) :
- ii. By Research Scholars (list of details to be enclosed) :
- iii. By PG students (list of details to be enclosed) :
- iv. Name of Funding Agency :

3. Library and Information Centre

a. Collection Development:

Type of Documents	Total as on						Added in 2014			
1. Books										
2. Current Journals (No. of Titles, list to be enclosed)										
3. Bound Volumes of Journals										
4. Monographs										
5. Govt. Publications										
6. Thesis / Dissertation										
7. Reports / Pamphlets										
8. Microfilms / Microfiche										
9. Slides										
10. Audio Cassettes										
11. Video Cassettes										

b. Building

- i. Whether the library is housed in an independent building: Yes      No
  - ii. Total Floor area in Sq.Mtrs. .
  - iii. Provision for research cubicles : Yes      No
- if yes, : Area in      Qty.

c. Library Working Hours

- Monday to Saturday :  
Sundays and General Holidays :

Sq. Mtrs.  
From      To

d. Equipments:

- Type of Compute: Pentium / 80486 / 80386 / other      None
- If Computer is Available : O/S / WINDOWS / UNIX / Others
- Library Software : LIBSYS / CDSIS / TECHLIB / Any other

- Connected to any network: Yes No  
If Yes, Name of the network
- Photocopies / Xerox : Yes No
- Microfilm Reader : Yes No
- Television : Yes No
- VCR : Yes No
- OHP : Yes No
- Slide Projector : Yes No
- Telephone : Yes No
- Fax : Yes No
- Bindery : Yes No
- Others i.e., :

4. Library Finance – (Please specify)

a. Total Budget for the year 1997-98 (Rupees in Lakhs)

b. Expenditure incurred during Last Two Years in Lakhs

1996-97 :

1995-96 :

ITEMS	EXPENDITURE INCURRED
	Year 1997-98
BOOKS	
JOURNALS SUBSCRIPTIONS	
CD-ROM DATABASE	
MICRO FILMS	
MICRO FICHES	
AUDIO – CASSETTES	
VIDEO – CASSETTES	
BIDNING WORKS	

5. Technical Processing

- a. Classification Scheme YOU use :
- b. Subject Headings YOU use :
- c. Cataloguing Code YOU use :
- d. Type of Catalogue YOU use :

6. Library Services : (Please Specify).

- |   |     |    |
|---|-----|----|
| a. Literature Search                      | Yes | No |
| b. Compiling Bibliography in request      | Yes | No |
| c. Compiling Bibliography in anticipation | Yes | No |
| d. Selective Dissemination of Information | Yes | No |
| e. Abstracting Service                    | Yes | No |
| f. Indexing Service                       | Yes | No |
| g. Translating Reading Material for users | Yes | No |
| h. Readers advisory service               | Yes | No |
| i. Current awareness                      | Yes | No |
| j. Do you use MEDLARS / MEDLINE           | Yes | No |
| k. E-Mail                                 | Yes | No |
| l. Internet                               | Yes | No |
| m. Consultancy                            | Yes | No |
| n. Photocopying Facility                  | Yes | No |

7. Users:

Category of users	Total Number			
	No. of Teaching Staff			
No. of Research Scholars / Assistants				
No. of Post Graduate Students				
No. of Under Graduate Students				
No. of Administrative Staff				
No. of Para-Medical Staff				
No. of Outsiders				

Do you provide any User Education Programmes ? Yes No  
If yes, Give details

8. Library Staff:

Sl. No.	NAME	DESIGNATION	QUALIFICATION	EXPERIENCE (No. of Years)	PAY SCALE	CATEGORY

**E-Staff**

Particulars of staff consisting of name of teachers, designation, qualification, teaching experiences (both under graduate and post graduate where ever applicable)

**1. Principal / Head of the Institution:**

Name	Qualification with date and where obtained	Experience* and Previous posts held - From To

\*Please attach relevant certificates.

**2. Teaching staff (Please give department wise break up) in the following proforma and attach separate sheets.**

**Name of Department / Sections and subjects attached to them**

i. Full time

Sl. No.	Post	Name	Qualification with date & where obtained (University)	Teaching Experience in year & Month		Responsibilities & work load per week
				UG	PG	
1	2	3	4	5	6	7

**List of recognized Ph.D guides (Enclose the notification copies in this regard)**

Sl.No	Name	Qualification	Total Experience of after PG	Date of joining	Guideship Notification of date and Reference no
1	2	3	4	5	6

**ii. Medical subjects (in case of Dental Sciences, Physiotherapy, Nursing etc.,)**

1	2	3	4	5	6



**iii. Supervision in Field practice area (Health Centers)**

1	2	3	4	5	6

**iv. If there is shortage of staff, give list of vacant posts, reasons and arrangements made to recruit.**

**F. CLINICAL & HOSPITAL FACILITIES**

a. Name of General Hospital  
& full address :

b. Sanctioned bed strength :

c. Whether the hospital is belongs to  
the applicant or has a tie-up  
please furnish details and supportive  
documents like G.OP. MOU etc. :

d. Daily average outdoor patients  
:

e. Daily average indoor patients  
:

f. Distance between Hospital & College :

**g. Particulars of the Hospital including a plan:**

1. Details regarding administrative block of hospital and its location :
2. The staff working (both hospital and administrative staff) :
3. Details of departments for training and teaching purpose, outpatients sections and indoor sections with distribution of beds for different clinical departments. :
4. Facilities like Radiology, Clinical Laboratory, Blood Bank, Operation Theatres, Physiotherapy etc., :
5. Facilities like Central Sterile service Kitchen, Laundry, Canteen, Pharmacy Workshop, Stores, Medical records Keeping :
6. Casualty / Emergency Service :
7. Mortuary and Central Cold Storage facility :
8. Facility for disposal of Hospital waste, (eg. Incinerator or any other method, specify) :
9. Any special services and special clinics :
10. Equipments (Please provide a list or major equipments) :

**8. Details of tie-up with other hospitals (where necessary) Attach supporting documents:**

**9. Proposed plan for future developments**

**G. FIELD PRACTICE AREA (HEALTH CENTRES) FOR COMMUNITY HEALTH TRAINING.**

Please give details under the following heading for 1. Rural and 2. Urban centers separately.

- a. Location and address :
- b. Managed by :
- c. Staff- (List the personnel working) :
- d. Population served :
- e. Activities and services provided-Outdoor, Indoor, Outreach, Domiciliary, Emergency :
- f. Records maintained by the centers  
eg. Family folders, Type of registers :
- g. Equipment available :
- h. Details of residential / Non Residential training activities :
- i. How supervision is done :
- ii. Accommodation available for trainees and supervisors :

## H. STUDENT AMENITIES

### 1. In the college

- a. Common room for men students : Yes No  
b. Common room for lady students : Yes No  
c. Any other : Yes No

### 2. Hostel

Give details of Hostel Facilities for Research Scholars : Yes No  
If yes, whether within the campus of the Institution  
Or outside the Institution.

Research Scholars   Capacity (Beds)   Area in Sq.Mtrs,   No. of Rooms

Men :

Women :

### I. Additional Facilities available for conduct of Ph.D courses.

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Place :

Date:

Signature, Name and Address of the  
Head of the Institution with Seal



