

# APPLICATION FORM XI

The Tamilnadu Dr. MGR Medical University, Chennai  
PhD Regulations - Form XI

Application for Recognition / Continuance of Recognition for Non Teaching Institutions /  
Departments for PhD Research Programme

## SECTION A: GENERAL INFORMATION

### A.I. DETAILS OF THE INSPECTION TEAM

1. Name of the Inspection Team member with Designation and address (mobile No. and Mail ID)	1)  2)
2. Particulars of recognition order in which Inspection Committee was appointed by this University.	
3. Date of Inspection	

### A.II. DETAILS OF THE INSTITUTION

1. Name of the Institution	
2. Address	
3. Telephone	
4. E mail	
5. Fax	
6. Year of Starting the Institution	
7. Name of the Trust / Organization that owns the applicant Institution	
8. Details of Registration of the Trust / Organization (Append Copy of Deed)	
9. Name and Address of the Head of the Trust / Organization	
10. Is the land / Buildings owned by the Organization (Append Copy of Deed)	

A. III. DETAILS OF HEAD OF INSTITUTION (Append Documents)	
1. Name of the Dean /Director	
2. Age & Date of Birth	
3. Qualification / Teaching Experience	
4. Contact Details Mobile No. Mail ID.	
A. IV. NAME OF THE DEPARTMENT SEEKING RECOGNITION	
1. Name of the Department	
2. Year of Starting Department	
3. Is the Department running any Post Graduate Courses.	
4. If Yes, Is it recognized by Medical Council of India. (Append Document)	
5. Is the Department running any Fellowship / Diploma Courses	
6. If Yes. Is it recognized by the respective Indian National Regulatory Council (DCI / INC / RCI etc)	
7. Is the Department recognized for Research (CSIR/ICMR/DST/DBT etc)	
8. If Yes. Give Details	
9. Is the institute accorded previous recognition for Fellowships / PhD by this University / Other Universities. Give details	
9. Is the Institution under accreditation to any national or international body or organization.	
10. If Yes give details	

Note: The Institution shall be considered for recognition to start PhD courses based on any of the three criteria, namely,

1. **Type A Recognition:** Medical / Dental / Pharmacy / Nursing / Physiotherapy Colleges running postgraduate degree courses in their respective disciplines recognized by the respective councils i.e. Medical Council of India, Dental Council of India, Pharmacy Council of India , Nursing Council of India and Rehabilitation Council of India
2. **Type B Recognition:** Medical / Dental / Pharmacy / Nursing / Physiotherapy Institutes which are non teaching in character but are running research programs in their respective disciplines recognized by various national and international bodies which support and accredit research or evidence based clinical activity i.e. ICMR, DST, DBT, CSIR, WHO, CDC(USA)
3. **Type C Recognition:** Medical / Dental / Pharmacy / Nursing / Physiotherapy Institutes which are non teaching in character but are eligible to run postgraduate / post doctoral fellowship courses in their respective disciplines as per regulations of the Tamil Nadu Dr MGR Medical University and are accredited to any national or international body or organization related to the specialty of the institute or that enables quality assurance namely NABH, NABL, ISO, QCIL etc



B.II. STAFF PATTERN	..... Council of India Norm (UG and PG)	Available
<i>Note: The Faculty and Other Staff Requirements shall be as per last published Undergraduate and Post graduate Regulations of the respective councils in vogue at the time of submitting the application: (Medical Council of India, Dental Council of India, Pharmacy Council of India , Nursing Council of India and Rehabilitation Council of India).</i>		
1. PROFESSIONAL (FACULTY)	REQUIREMENT	AVAILABLE
Professor	1	
Associate Professor	1	
Assistant Professor	1	
Others		
2. TECHNICAL STAFF		
a. Scientists	1	
b. Epidemiologists	1	
c. Statisticians	1	
d. Others (Specify)		
3. PARAMEDICAL STAFF		
a. Nursing Staff	As per bed strength	
b. Technicians	As per bed strength	
c. Pharmacy Staff	As per bed strength	
d. Others		
4. SUBORDINATE STAFF		
III. DETAILS OF BUILDINGS		(Give details here – Do not append)
<i>Note: The Building and Other Infrastructure Requirements shall be as per last published Undergraduate and Post graduate Regulations of the respective councils in vogue at the time of submitting the application: (Medical Council of India, Dental Council of India, Pharmacy Council of India , Nursing Council of India and Rehabilitation Council of India).</i>		
1. Total Built up Area		
2. Total No of Beds in Hospital		
Teaching Beds		
Non Teaching Beds		
3. Lecture Halls-Give details of Number & Capacity (The minimum number and capacity of Lecture Halls is as prescribed for the number of MBBS seats in the medical college or in case of postgraduate institutes the minimum requirement will be 3 lecture halls of 80 seats each)		

4. Department Office Rooms (Professor – 20sqm, Associate – 15sqm, Assistant – 15sqm, Tutor – 15sqm, Residents-15sqm, NT Staff – 12sqm, Office -12sqm)	Designation	Size Sqm	Number
	Professor		
	Associate		
	Asst Prof		
	Tutor		
	Residents		
	NT Staff		
Office			
5. Department Demonstration Room (Teaching Institutes - Two demonstration Rooms for non clinical and Para clinical departments and one for clinical departments with 60-75 Seats and all audiovisual aids )			
6. Departmental Library (25sqm area with seating arrangement for 15-25 members)			
7. Department PG Research Lab of 50sqm area			
8. Diagnostic Laboratories ( Mention the size of rooms, name / type of labs and arrangements in the labs for sample collection, processing and waste disposal, accreditation of lab, and arrangements for quality control)			
9. Radiology Facilities ( Mention the size of rooms, name / type of rooms and arrangements in the rooms for investigation, processing and reporting, licensing and accreditation, and arrangements for quality control)			
10. Central Research Laboratory			
11. Central Animal House			
12. Hostels(Mention the number of buildings / rooms with size and number of bed accommodation in each, facility for mess, kitchen, common room for recreation etc)			
<b>IV. DETAILS OF EQUIPMENTS</b>	<b>(Give details here – Do not append)</b>		
1. General Instruments			
2. Specialized Instruments			
3. Instruments for Research Work			
4. Other Instruments			

### V DETAILS OF LIBRARY FACILITIES

1. Central Medical Library – Built Area of the Library in Sqmt (The minimum area will as prescribed for the number of MBBS seats in the medical college or in case of postgraduate institutes the minimum area shall be 200 Sqm)	
2. Number of Books (Include Back Volumes) (The minimum number of books is as prescribed for the number of MBBS seats in the medical college or in case of postgraduate institutes the number of books shall be a minimum of 5000 volumes)	
3. Number of Journals (Mention no of titles prescribed in the year 2016 only) A Minimum of 70 Indian & 30 Foreign Journals are required)	
4. Is there an E Library facility. If Yes give details	
5. Is there a Internet Facility	
6. Is there an E Journal Section. If yes give details	
7. How many books and journals were purchased during last 1 year (Append Document)	

### VI DETAILS OF FINANCIAL ARRANGEMENTS

1. Annual Budget		College	Hospital
(Provide evidence of fund allocation in terms of annual audited balance sheet / bank statements etc)	Salaries		
	Equipment		
	Consumables		
	Library		
	Maintenance		
	Contingencies		
	Others		
	Diet		
2. Budget for Research - last 3 years (Provide evidence of fund allocation in terms of annual audited balance sheet / bank statements etc)			
3. External Funds for Research if any give details(Provide evidence of fund allocation in terms of annual audited balance sheet / bank statements etc)			

<b>VII. DETAILS OF RESEARCH FACILITIES</b>	
1. Research Funding Schemes (Append Document)	
2. Institutional Tie Up for Research (Append Document)	
3. Is there a Local Research Advisory Committee (If yes Give names and contact details of the member)	
4. Is there a Institutional Ethics Committee(If yes Give names and contact details of the member)	
5. If yes is the IEC registered with the DCGI, New Delhi (Append Details)	
6. Is there a Animal House Ethics Committee (If yes Give names and contact details of the member)	
7. List of Publications in Last 3 years ((Do not append -Give list of the Publications in Vancouver Format)	
8. Availability of Registered Guides and Co-Guides (If yes Give names and contact details of the Guides/Co-Guides and to produce the copy of their orders)	
9. List of Ongoing Research Projects (Do not append -Give details here)	
10. Achievements in Research if any?	
<b>VIII OTHER DETAILS</b>	
1. Does the institute have Blood Bank If yes , Give details of activity and license (Append Documents)	
2. Does the institute have Ultrasonogram Unit if yes give details of PNDT Certificate (Append Documents)	
3. Are there institutional arrangements for biomedical waste disposal – Give details and append documents	
4. Does the institute have Tamilnadu Pollution Control Board certification. (Append Documents)	



**IX DETAILS OF PAYMENT OF FEES**

1. Name of the Bank/Branch	
2. Amount Remitted	
3. Demand Draft/Challan No.	
4. Date of issue / remittance	

RECOMMENDATION OF THE :  
INSPECTION COMMITTEE

**Date :**

**Signature of the Members  
(Name in Block Letters)**

**1)**

**2)**

**Section B: INSTITUTIONAL INFORMATION FOR TYPE B RECOGNITION:**

**Medical / Dental / Pharmacy / Nursing / Physiotherapy Institutes which are non teaching in character but are running research programs in their respective disciplines recognized by various national and international bodies which support and accredit research or evidence based clinical activity i.e. ICMR, DST, DBT, CSIR, WHO, CDC(USA)**

<b>B.I. STAFF PATTERN</b>	<b>Requirement</b>	<b>Available</b>
<b>1. PROFESSIONAL (FACULTY)</b>		
<b>Senior Consultant / Scientist G</b> (with 15 years of experience in the same specialty after completion of post graduation)	1	
<b>Consultant / Scientist F</b> (with 10 years of experience in the same specialty after completion of post graduation)	1	
<b>Junior Consultant / Scientist E</b> (with 5 years of experience in the same specialty after completion of post graduation)	1	
<b>Others</b>		
<b>2. TECHNICAL STAFF</b>		
a. Scientists D or C	1	
b. Epidemiologists	1	
c. Statisticians	1	
d. Others (Specify)		
<b>3. PARAMEDICAL STAFF</b>		
a. Nursing Staff	As per bed strength	
b. Technicians	As per bed strength	
c. Pharmacy Staff	As per bed strength	
d. Others		
<b>4. SUBORDINATE STAFF</b>		
<b>B2 DETAILS OF BUILDINGS</b>	<b>(Give details here – Do not append)</b>	
1. Total Built up Area		
2. Total No of Beds in Hospital		
Paid Beds		
Free Beds		
3. Department Office Rooms (Sr Consultant – 20sqm, Consultant – 15sqm, Junior Consultant – 15sqm, Scientist D & C -15sqm, NT Staff – 12sqm, Office -12sqm)	Designation	Size Sqm
	Senior Consultant	
	Consultant	
	Junior Consultant	
	Scientist D	
	Scientist C	
	NT Staff	
	Office	
		Number

4. Department Demonstration Room (One demonstration Room with 40-50 Seats and all audiovisual aids.	
5. Departmental Library (15 sqm area with seating arrangement for 10-15members)	
6. Department PG Research Lab of 50 sqm area	
7 Diagnostic Laboratories ( Mention the size of rooms, name / type of labs and arrangements in the labs for sample collection, processing and 8 disposal, accreditation of lab, and arrangements for quality control)	
8. Radiology Facilities ( Mention the size of rooms, name / type of rooms and arrangements in the rooms for investigation, processing and reporting, licensing and accreditation, and arrangements for quality control)	
9. Animal House (Not Mandatory for Non Teaching Institutes)	
10. Hostels(Mention the number of buildings / rooms with size and number of bed accommodation in each, facility for mess, kitchen, common room for recreation etc)	
<b>B3. DETAILS OF EQUIPMENTS</b>	(Give details here – Do not append)
1. General Instruments	
2. Specialized Instruments	
3. Instruments for Research Work	
4. Other Instruments	
<b>B4. DETAILS OF LIBRARY FACILITIES</b>	
1. Library – Built Area of the Library in Sqmt (A minimum of 100sqm) is required only if the institute has more than 3 departments)	
2. Number of Books (Include Back Volumes) (A minimum of 3000 books)	
3. Number of Journals (Mention no of titles prescribed in the year 2016 only) (A minimum of 20 Indian and 7 Foreign Journals)	
4. Is there an E Library facility. If Yes give details	
5. Is there a Internet Facility	
6. Is there an E Journal Section. If yes give details	

7. How many books and journals were purchased during last 1 year (Append Document)			
<b>B5 DETAILS OF FINANCIAL ARRANGEMENTS</b>			
1. Annual Budget		College	Hospital
(Provide evidence of fund allocation in terms of annual audited balance sheet / bank statements etc)	Salaries		
	Equipment		
	Consumables		
	Library		
	Maintenance		
	Contingencies		
	Others		
Diet			
2. Budget for Research - last 3 years (Provide evidence of fund allocation in terms of annual audited balance sheet / bank statements etc)			
3. External Funds for Research if any give details(Provide evidence of fund allocation in terms of annual audited balance sheet / bank statements etc)			
<b>B6. DETAILS OF RESEARCH FACILITIES</b>			
1. Research Funding Schemes (Append Document)			
2. Institutional Tie Up for Research (Append Document)			
3. Is there a Local Research Advisory Committee (If yes Give names and contact details of the member)			
4. Is there a Institutional Ethics Committee(If yes Give names and contact details of the member)			
5. If yes is the IEC registered with the DCGI, New Delhi (Append Details)			
6. Is there a Animal House Ethics Committee (If yes Give names and contact details of the member)			
7. List of Publications in Last 3 years ((Do not append -Give list of the Publications in Vancouver Format)			
8. Availability of Recognised Guides and Co-Guides (If yes Give names and contact details of the Guides, Co-Guides and produce copy of their orders)			
9. List of Ongoing Research Projects (Do not append -Give details here)			

10. Achievements in Research if any?	
<b>B7. OTHER DETAILS</b>	
1. Does the institute have Blood Bank If yes , Give details of activity and license (Append Documents)	
2. Does the institute have Ultrasonogram Unit if yes give details of PNDT Certificate (Append Documents)	
3. Are there institutional arrangements for biomedical waste disposal – Give details and append documents	
4. Does the institute have Tamilnadu Pollution Control Board certification. (Append Documents)	

RECOMMENDATION OF THE :  
INSPECTION COMMITTEE

**Date :**

**Signature of the Members  
(Name in Block Letters)**

1)

2)

**Section D: INSTITUTIONAL INFORMATION FOR TYPE C RECOGNITION:**  
**Medical / Dental / Pharmacy / Nursing / Physiotherapy Institutes which are non teaching in character but are eligible to run postgraduate / post doctoral fellowship courses in their respective disciplines as per regulations of the Tamil Nadu Dr MGR Medical University and are accredited to any national or international body or organization related to the specialty of the institute or that enables quality assurance namely NABH, NABL, ISO, QCIL etc.**

<b>C.I. STAFF PATTERN</b>		<b>Requirement</b>		<b>Available</b>	
<b>1. PROFESSIONAL (FACULTY)</b>					
<b>Senior Consultant</b> (with 15 years of experience in the same specialty after completion of post graduation)		<b>1</b>			
<b>Consultant</b> (with 10 years of experience in the same specialty after completion of post graduation)		<b>1</b>			
<b>Junior Consultant</b> (with 5 years of experience in the same specialty after completion of post graduation)		<b>1</b>			
<b>Others</b>					
<b>2. TECHNICAL STAFF</b>					
a. Scientist		1			
b. Epidemiologists		1			
c. Statisticians		1			
d. Others (Specify)					
<b>3. PARAMEDICAL STAFF</b>					
a. Nursing Staff		As per bed strength			
b. Technicians		As per bed strength			
c. Pharmacy Staff		As per bed strength			
d. Others					
<b>4. SUBORDINATE STAFF</b>					
<b>C2. DETAILS OF BUILDINGS</b>		(Give details here – Do not append)			
1. Total Built up Area					
2. Total No of Beds in Hospital					
Paid Beds					
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3. Department Office Rooms (Sr Consultant – 20sqm, Consultant – 15sqm, Junior Consultant – 15sqm, Scientist -15sqm, NT Staff – 12sqm, Office -12sqm)		Designation		Size Sqm	Number
		Senior Consultant			
		Consultant			
		Junior Consultant			
		Scientist			
		Epidemiologist & Statistician			
		Other Staff			
Office					

4. Department Demonstration Room (One demonstration Room with 40-50 Seats and all audiovisual aids.	
5. Departmental Library (15 sqm area with seating arrangement for 10-15members)	
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<b>C3. DETAILS OF EQUIPMENTS</b>	<b>(Give details here – Do not append)</b>
1. General Instruments	
2. Specialized Instruments	
3. Instruments for Research Work	
4. Other Instruments	
<b>C4. DETAILS OF LIBRARY FACILITIES</b>	
1. Number of Books (Include Back Volumes) (A minimum of 1000 books)	
2. Number of Journals (Mention no of titles prescribed in the year 2016 only) (A minimum of 10 Indian and 5 Foreign Journals)	
3. Is there an E Library facility. If Yes give details	
4. Is there a Internet Facility	
5. Is there an E Journal Section. If yes give details	
6. How many books and journals were purchased during last 1 year (Append Document)	

C5 DETAILS OF FINANCIAL ARRANGEMENTS			
1. Annual Budget		College	Hospital
(Provide evidence of fund allocation in terms of annual audited balance sheet / bank statements etc)	Salaries		
	Equipment		
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	Library		
	Maintenance		
	Contingencies		
	Others		
	Diet		
2. Budget for Research - last 3 years (Provide evidence of fund allocation in terms of annual audited balance sheet / bank statements etc)			
3. External Funds for Research if any give details(Provide evidence of fund allocation in terms of annual audited balance sheet / bank statements etc)			
C6. DETAILS OF RESEARCH FACILITIES			
1. Research Funding Schemes (Append Document)			
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3. Is there a Local Research Advisory Committee (If yes Give names and contact details of the member)			
4. Is there a Institutional Ethics Committee(If yes Give names and contact details of the member)			
5. If yes is the IEC registered with the DCGI, New Delhi (Append Details)			
6. Is there a Animal House Ethics Committee (If yes Give names and contact details of the member)			
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9. List of Ongoing Research Projects (Do not append -Give details here)			
10. Achievements in Research if any?			



C7 OTHER DETAILS	
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2. Does the institute have Ultrasonogram Unit if yes give details of PNDT Certificate (Append Documents)	
3. Are there institutional arrangements for biomedical waste disposal – Give details and append documents	
4. Does the institute have Tamilnadu Pollution Control Board certification. (Append Documents)	

RECOMMENDATION OF THE :  
INSPECTION COMMITTEE

**Date :**

**Signature of the Members  
(Name in Block Letters)**

**1)**

**2)**