UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE : UGC OFFICE
DATE : 27/5/15
S.NO.: 1

To be filled by representatives of university department:

NAME OF DEPARTMENT : DEPARTMENT OF PHYSICS
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : umjali@gmail.com
08472-263298
NAME AND ADDRESS OF UNIVERSITY : GULBARGA UNIVERSITY, GULBARGA-585106
PRESENT FACULTY STRENGTH (Total) : 08
No. OF PROFESSORS: 08
2(F) STATUS (Y/N): Y 12 (B) STATUS (Y/N): Y SELF FINANCED DEPTT.(Y/N): N
PRESENT TENURE: FROM 2015 TO 2020 PRESENT PHASE: PRESENT FILE NO.: 08
(Signatures and Names of University Representatives):
(1) PROF. VMJALI SARITA CO-ORDINATOR
(2) 

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s) : Natural Science
Radiation Physics

NAME OF CO-ORDINATOR : DR. VM Jali

NAME OF DEPUTY CO-ORDINATOR : DR. B.R. Imerur

FINANCIAL RECOMMENDATIONS : NON-RECURRING = 100.00
RECURRING = 30.80
NO. OF PROJECT FELLOW(S) =

TOTAL = 130.80

NAME OF ADVISORY COMMITTEE MEMBERS : Prof. Suresh Sen Gupta, TIFR
Prof. Alois Kumar, BRC, Mumbai

THE COMMITTEE STRONGLY RECOMMENDS :

TICK ANY ONE

(A) Department be inducted at status of DRS - I from _______ to ________ [ ]

(B) Department be upgraded to status of _______ from _______ to _______ [ ]

(C) Department may continue at status of DRS - I to DRS - II [ ]

(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

( ) ( ) ( )
UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE

DATE: 24/5/15

S.NO.: 2

NAME OF DEPARTMENT: DEPARTMENT OF PHYSICS

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): rsengwa@rediffmail.com

(M) 09414772555 02912720857 (Office)

NAME AND ADDRESS OF UNIVERSITY: JAI NARAIN VYAS UNIVERSITY, JAIPUR

PRESENT FACULTY STRENGTH (Total): 16

No. OF PROFESSORS: 3

2(F) STATUS (Y/N): Yes

12 (P) STATUS (Y/N): Yes

SELF FINANCED DEPTT. (Y/N): No

PRESENT TENURE: FROM 1.1.2009 TO 31.3.2014

PRESENT PHASE: 1

PRESENT FILE-NUMBER: F. 530/9/DRS/2009(SAP-I)

(Signatures and Names of University Representatives):

1) [Signature]

(Prof. Dr. R J. Sengwa)

2) [Signature]

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s): MATERIAL SCIENCE

NAME OF CO-ORDINATOR: [signature]

NAME OF DEPUTY CO-ORDINATOR: To be nominated by the V.C

FINANCIAL RECOMMENDATIONS:

NON-RECURRING = 70,00

RECURRING = 28,50

NO. OF PROJECT FELLOW(S) =

TOTAL = 98,50

NAME OF ADVISORY COMMITTEE MEMBERS:

[Signature]

[Signature]

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS-I from _ to _ [ ]

(B) Department be upgraded to status of _ from _ to _ [ ]

(C) Department may continue at status of DRS from _ to DRS-II [□]

(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature]

[Signature]

[Signature]
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE DATE: 27/8/15 S.NO.: 3

NAME OF DEPARTMENT: SCHOOL OF PURE & APPLIED PHYSICS
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): M. G. UNIV. KOTTAYAM, KERALA
C. SUDARSANAN, mgu@gmail.com 9447141561
M. G. UNIV. KOTTAYAM, KERALA
PRESENT FACULTY STRENGTH (Total): 7 + 2 (as per latest publication)
NO. OF PROFESSORS: 2 + 2
12 (B) STATUS (Y/N): _______ SELF FINANCED DEPTT. (Y/N): Y/N
PRESENT TENURE: FROM MA TO _______ PRESENT PHASE: _______ PRESENT FILE-NO.: _______
(Signatures and Names of University Representatives):
1) Prof. C. SUDARSANAN KUMAR
   2) Dr. P.R. Biju

THrust AREA(s): PHYSICS OF MATERIALS & BIOLOGICAL SYSTEMS
NAME OF CO-ORDINATOR: Prof. C. Sudarsanakumar
NAME OF DEPUTY COORDINATOR: Dr. P.R. Biju
FINANCIAL RECOMMENDATIONS: NON-RECURRING = 75.00
                           RECURRING = 28.50
                      NO. OF PROJECT FELLOW(s) = _______
                      TOTAL = 103.50
NAME OF ADVISORY COMMITTEE MEMBERS:
Prof. C.V.S. Temmy, I.I.T. Mumbai
Prof. D. Chattopadhyay, SIP, Kolkata

THE COMMITTEE STRONGLY RECOMMENDS:
(A) Department be inducted at status of DRS - I from _______ to _______ [ ]
(B) Department be upgraded to status of _______ from _______ to _______ [ ]
(C) Department may continue at status of DRS from _______ to DRS-II [ ]
(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signatures and Names of Expert Committee Members]
UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE : UGC OFFICE DATE : 27/15/15 S.NO. : 4

To be filled by representatives of university department:

NAME OF DEPARTMENT : DEF: A. Physics

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : NEAC SHILLOU

NAME AND ADDRESS OF UNIVERSITY :

PRESENT FACULTY STRENGTH (Total) : No. OF PROFESSORS :

2(F) STATUS (Y/N) : 12 (R) STATUS (Y/N) : SELF FINANCED DEPTT. (Y/N) :

PRESENT TENURE: FROM TO PRESENT PHASE: PRESENT FILE-NO. :

(Signatures and Names of University Representatives):

1) 

2) 

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s) :

NAME OF CO-ORDINATOR :

NAME OF DEPUTY CO-ORDINATOR :

FINANCIAL RECOMMENDATIONS :

NON-RECURRING = 

RECURRING =

NO. OF PROJECT FELLOW(s) =

TOTAL =

NAME OF ADVISORY COMMITTEE MEMBERS :

THE COMMITTEE STRONGLY RECOMMENDS :

(TICK ANY ONE)

(A) Department be inducted at status of DRS-I from to

(B) Department be upgraded to status of from to

(C) Department may continue at status of from to

(D) Department be discontinued / not recommended.

(Signatures and Names of Expert Committee Members):

( ) ( ) ( )
**UNIVERSITY GRANTS COMMISSION**

**RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW**

(SUBJECT TO APPROVAL OF THE COMMISSION)

**VENUE:** UGC OFFICE  
**DATE:** 27/5/15  
**S.NO.:** 5

---

**To be filled by representatives of university department:**

| NAME OF DEPARTMENT |  |
|--------------------|  |
|                    | **Dept of Physics** |

| CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) |  |
|--------------------------------------------|  |
|                                            | **Sambalpur University** |

| NAME AND ADDRESS OF UNIVERSITY |  |
|--------------------------------|  |
|                                | **Sambalpur University** |

| PRESENT FACULTY STRENGTH (Total) |  |
|----------------------------------|  |
|                                   | **No. OF PROFESSORS:** |

| 2(F) STATUS (Y/N): |  |
|--------------------|  |
|                    | **12 (B) STATUS (Y/N):** |

| SELF FINANCED DEPTT. (Y/N): |  |
|-----------------------------|  |
|                             | **PRESENT TENURE: FROM** |
|                             | **TO** |
|                             | **PRESENT PHASE:** |
|                             | **PRESENT FILE-NO.:** |

(Signatures and Names of University Representatives):

1) ________________________  
2) ________________________

---

**To be filled by Expert Committee (RECOMMENDATIONS):**

| THRUST AREA(s) |  |
|----------------|  |
|                | **NAME OF CO-ORDINATOR:** |
|                | **NAME OF DEPUTY COORDINATOR:** |
|                | **FINANCIAL RECOMMENDATIONS:** |
|                | **NON-RECURRING =** |
|                | **RECURRING =** |
|                | **NO. OF PROJECT FELLOW(s) =** |
|                | **TOTAL =** |

| NAME OF ADVISORY COMMITTEE MEMBERS |  |
|-----------------------------------|  |
|                                   | **THE COMMITTEE STRONGLY RECOMMENDS** |
|                                   | [TICK ANY ONE] |
|                                   | (A) Department be inducted at status of **DRS-I** from to |  |
|                                   | (B) Department be upgraded to status of from to |  |
|                                   | (C) Department may continue at status of from to |  |
|                                   | (D) Department be discontinued / not recommended. |  |

(Signatures and Names of Expert Committee Members):

1) ________________________  
2) ________________________
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE    DATE: 27/5/15    S.NO.: 6

To be filled by representatives of university department:

NAME OF DEPARTMENT:  *Physics*
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): *Kurukshetra Univ.*
NAME AND ADDRESS OF UNIVERSITY:  27/5/15
PRESENT FACULTY STRENGTH (Total):  No. OF PROFESSORS:
2(F) STATUS (Y/N):   12 (B) STATUS (Y/N):  SELF FINANCED DEPTT. (Y/N):
PRESENT TENURE: FROM TO  PRESENT PHASE:  PRESENT FILENO.:

(Signatures and Names of University Representatives):
1)  
2)  

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(S):  

NAME OF CO-ORDINATOR:  
NAME OF DEPUTY COORDINATOR:  
FINANCIAL RECOMMENDATIONS:
NON-RECURRING =  
RECURRING =  
NO. OF PROJECT FELLOW(S) =  
TOTAL =  

NAME OF ADVISORY COMMITTEE MEMBERS:  

THE COMMITTEE STRONGLY RECOMMENDS:  [TICK ANY ONE]
(A) Department be inducted at status of DRS-I from to  
(B) Department be upgraded to status of  from to  
(C) Department may continue at status of  from to  
(D) Department be discontinued / not recommended.  

(Signatures and Names of Expert Committee Members):
UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE : UGC OFFICE DATE : 27-5-15 S.NO.: 7

To be filled by representatives of university department:

NAME OF DEPARTMENT : Dept of Physics
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) :
NAME AND ADDRESS OF UNIVERSITY : Tripura Univ, Tripura
PRESENT FACULTY STRENGTH (Total) : No. OF PROFESSORS:
2(F) STATUS (Y/N): _______ 12 (B) STATUS (Y/N): _______ SELF FINANCED DEPTT.(Y/N):
PRESENT TENURE: FROM _______ TO _______ PRESENT PHASE: _______ PRESENT FILE NO.: _______

(Signatures and Names of University Representatives):
1) __________________________________________________________________________________________
2) __________________________________________________________________________________________

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s) : __________________________________________________________
NAME OF CO-ORDINATOR : ____________________________________________
NAME OF DEPUTY COORDINATOR : ________________________________
FINANCIAL RECOMMENDATIONS : NON-RECURRING = ____________________________
RECURRING = ____________________________
NO. OF PROJECT FELLOW(s) = ____________ TOTAL = ____________

NAME OF ADVISORY COMMITTEE MEMBERS : __________________________________________

THE COMMITTEE STRONGLY RECOMMENDS : [TICK ANY ONE]
(A) Department be inducted at status of DRS-I from _______ to _______ [ ]
(B) Department be upgraded to status of _______ from _______ to _______ [ ]
(C) Department may continue at status of _______ from _______ to _______ [ ]
(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature] [Name] (________) (________)
**UNIVERSITY GRANTS COMMISSION**

**RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW**

(SUBJECT TO APPROVAL OF THE COMMISSION)

**VENUE:** UGC OFFICE  
**DATE:** 27/5/15  
**S.NO.:** 0

*To be filled by representatives of university department:*

<table>
<thead>
<tr>
<th><strong>NAME OF DEPARTMENT</strong></th>
<th>PHYSICS</th>
</tr>
</thead>
</table>
| **CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH):** | Prof. K. Jayakumar  
kjaykumar_gr@rediffmail.com, 9443461177 |
| **NAME AND ADDRESS OF UNIVERSITY** | The Gandhigram Rural Institute, Gandhigram, 624 302, Tamilnadu |
| **PRESENT FACULTY STRENGTH (Total):** | 10  
No. OF PROFESSORS: 6 |
| **2(F) STATUS (Y/N):** |  
12 (B) STATUS (Y/N): ✔  
SELF FINANCED DEPTT.(Y/N):  
PRESENT TENURE: FROM 2004 TO 2015  
PRESENT PHASE: 1  
PRESENT FILE-NO.:  
(Signatures and Names of University Representatives): |
| 1) [Signature] (K. Jayakumar) |
| 2) |

*To be filled by Expert Committee (RECOMMENDATIONS):*

**THRUST AREA(s):**

**NAME OF CO-ORDINATOR:**

**NAME OF DEPUTY COORDINATOR:**

**FINANCIAL RECOMMENDATIONS:**

NON-RECURRING:

RECURRING:

NO. OF PROJECT FELLOW(s) =

TOTAL =

**NAME OF ADVISORY COMMITTEE MEMBERS:**

**THE COMMITTEE STRONGLY RECOMMENDS:**

(A) Department be inducted at status of DRS - I from to [ ]

(B) Department be upgraded to status of from to [ ]

(C) Department may continue at status of from to [ ]

(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

(1) [Signature] (Bandyopadhyay)  
(2) [Signature] (Desai)
THE COMMITTEE STRONGLY RECOMMENDS:
(A) Department be inducted at status of DRS - from to
(B) Department be upgraded to status of
(C) Do not recommend

FINANCIAL RECOMMENDATIONS:
NAME OF ADVISORY COMMITTEE MEMBERS:
NAME OF DEPUTY CO-ORDINATOR:
NAME OF CO-ORDINATOR:

RECURRING:
NON-RECURRING:
TOTAL:

NO. OF PROJECT FELLOW(S) =

[To be filled by Expert Committee (RECOMMENDATIONS)]

CONTACT DETAILS OF DEPARTMENT (EMAIL & PHONE):
NAME AND ADDRESS OF UNIVERSITY:
PRESENCE FACULTY STRENGTH (TOTAL)
PRESENCE FACULTY STRENGTH (TOTAL)

1. Status (Y/N): Y
2. Present Phase: Y
3. Present Tenure: Y

FINANCIAL UNIVERITY:

No. OF PROFESSORS:

S.M.: 4

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]
UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE DATE: 27-5-15 S.NO.: 16

To be filled by representatives of university department:

NAME OF DEPARTMENT: Department of Physics

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): mdshirsat.phy@bamu.ac.in; mdshirsat@gmail.com; 09422292607

NAME AND ADDRESS OF UNIVERSITY: Dr. Babasaheb Ambedkar Marathwada Univ. Campus, Aurangabad 431004 (Maharashtra)

PRESENT FACULTY STRENGTH (Total): 12

NO. OF PROFESSORS: 05 (01+04)

04 (Cas)

2(F) STATUS (Y/N): Y

12 (B) STATUS (Y/N): Y

SELF FINANCED DEPTT. (Y/N): N

PRESENT TENURE: FROM TO PRESENT PHASE: PRESENT FILE NO.: 

(Signatures and Names of University Representatives)

1) (Professor P.W. Khirede) (Dr. S.D. Deshpande)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s): Material Science, X and gamma ray Spectroscopy

NAME OF CO-ORDINATOR: Dr. P.W. Khirede

NAME OF DEPUTY COORDINATOR: Dr. S.D. Deshpande

FINANCIAL RECOMMENDATIONS:

NON-RECURRING: 35 Lakh

RECURRING: 15 Lakh

NO. OF PROJECT FELLOW(s): 50 Lakh

TOTAL: 50 Lakh

NAME OF ADVISORY COMMITTEE MEMBERS:

Dr. D.K. Aswal, BARC, Mumbai
Prof. M. A. More, Pune Uni.

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS - I from to [ ]

(B) Department be upgraded to status of from to [ ]

(C) Department may continue at status of from to [ ]

(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature]

[Signature]
UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE
DATE: 27-5-15
S.NO.: 11

To be filled by representatives of university department:

NAME OF DEPARTMENT: School of Physics, DAVV, Indore.
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): amishra19960@yahoo.co.in. Ph: 0731-2467208
NAME AND ADDRESS OF UNIVERSITY: Devi Ahilya Vishwavidyalaya, Indore
PRESENT FACULTY STRENGTH (Total): 8
No. OF PROFESSORS: 1 + 6(CAS)
2(F) STATUS (Y/N): Y
12 (P) STATUS (Y/N): Y
SELF FINANCED DEPTT. (Y/N): N
PRESENT TENURE: FROM Nil TO Nil
PRESENT PHASE: Fresh
PRESENT FILE-NO.: F.1/1/2015(SAP/Rd.)

(Signatures and Names of University Representatives):
1) [Signature]
   (P. Sen.)
2) [Signature]
   (Y. Choyal)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s): Nano Materials: Synthesis and Characterization

NAME OF CO-ORDINATOR: Dr. Pratima Sen

NAME OF DEPUTY COORDINATOR: Dr. Y. Choyal

FINANCIAL RECOMMENDATIONS:
NON-RECURRING: 35,000
RECURRING: 15,000
NO. OF PROJECT FELLOW(s):
TOTAL: 50,000

NAME OF ADVISORY COMMITTEE MEMBERS:
Dr. G.S. Lodhi, R.R.C.A.T, Indore
Dr. V. Ganesan, Center Director, UGC-DAE-CSR

THE COMMITTEE STRONGLY RECOMMENDS

(A) Department be inducted at status of DRS-I from ________ to ________
   [ ]

(B) Department be upgraded to status of ________ from ________ to ________
   [ ]

(C) Department may continue at status of ________ from ________ to ________
   [ ]

(D) Department be discontinued / not recommended.
   [ ]

(Signatures and Names of Expert Committee Members):

[Signature]
[Signature]
UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION/REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE       DATE: 29/5/15       S.NO.: 12

To be filled by representatives of university department:

NAME OF DEPARTMENT: PHYSICS

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): phy\nu2005@gmail.com;
491-(o)8562-225403

NAME AND ADDRESS OF UNIVERSITY: YOGI VEMANA UNIVERSITY
KADAPA - 516003

PRESENT FACULTY STRENGTH (Total): 10
No. OF PROFESSORS: 01

2(F) STATUS (Y/N): YES        12 (F) STATUS (Y/N): YES    SELF FINANCED DEPTT. (Y/N): NO

PRESENT TENURE: FROM 2015 TO 2020
PRESENT PHASE:          PRESENT FILE NO:

(Signatures and Names of University Representatives):
1) (K. K. R. REDDY) 
2) (M.V. SHANKAR)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s):

NAME OF CO-ORDINATOR:

NAME OF DEPUTY CO-ORDINATOR:

FINANCIAL RECOMMENDATIONS:
NONRECURRING =
RECURRING =
NO. OF PROJECT FELLOW(S) =
TOTAL =

NAME OF ADVISORY COMMITTEE MEMBERS:

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS-I from to [ ]

(B) Department be upgraded to status of from to [ ]

(C) Department may continue at status of from to [ ]

(D) Department be discontinued / not recommended.

[TICK ANY ONE]

(Signatures and Names of Expert Committee Members):

[Signature]
[Name]
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)
VENUE: UGC OFFICE DATE: 27/5/2015 S.NO.: (13)

To be filled by representatives of university department:

NAME OF DEPARTMENT: PHYSICS
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): vki@kumav@yahoo.com 09486749855
NAME AND ADDRESS OF UNIVERSITY: PERIYAR UNIVERSITY, SAALEM, TN
PRESENT FACULTY STRENGTH (Total): 46+01* No. OF PROFESSORS: 3
2(F) STATUS (Y/N): YES 12 (B) STATUS (Y/N): YES SELF FINANCED DEPTT. (Y/N): NO
PRESENT TENURE: FROM ______ TO ______ PRESENT PHASE: ______ PRESENT FILE-NO.: ______

(Signatures and Names of University Representatives):
1) ___________ (V. K Vishnu Kumav)
2) ___________ (P. M. ANBARASAN)

To be filled by Expert Committee (RECOMMENDATIONS):

THREAT AREA(s): Materials Science, Bio-materials

NAME OF CO-ORDINATOR: __________________________

NAME OF DEPUTY CO-ORDINATOR: __________________________

FINANCIAL RECOMMENDATIONS:
NON-RECURRING:
RECURRING:
NO. OF PROJECT FELLOW(s) =
TOTAL =

NAME OF ADVISORY COMMITTEE MEMBERS: __________________________

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS-I from ______ to ______ [ ]

(B) Department be upgraded to status of ______ from ______ to ______ [ ]

(C) Department may continue at status of ______ from ______ to ______ [ ]

(d) Department be discontinued / not recommended. [X]

(Signatures and Names of Expert Committee Members):

__________________________

__________________________

__________________________

__________________________
UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE : UGC OFFICE
DATE : 27-05-2015
S.NO.:

To be filled by representatives of university department:

<table>
<thead>
<tr>
<th>NAME OF DEPARTMENT</th>
<th>PHYSICS &amp; ASTROPHYSICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT DETAILS OF DEPARTMENT (E-MAIL &amp; PH)</td>
<td><a href="mailto:head@phys.ed.ac.in">head@phys.ed.ac.in</a>, 2766793</td>
</tr>
<tr>
<td>NAME AND ADDRESS OF UNIVERSITY</td>
<td>UNIVERSITY OF DELHI, DELHI-07</td>
</tr>
<tr>
<td>PRESENT FACULTY STRENGTH (Total)</td>
<td>47</td>
</tr>
<tr>
<td>No. OF PROFESSORS</td>
<td>9</td>
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<tr>
<td>2(F) STATUS (Y/N):</td>
<td>Y</td>
</tr>
<tr>
<td>12 (B) STATUS (Y/N):</td>
<td>Y</td>
</tr>
<tr>
<td>SELF FINANCED DEPTT.(Y/N):</td>
<td>No</td>
</tr>
<tr>
<td>PRESENT TENURE: FROM</td>
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<td>TO</td>
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</tr>
<tr>
<td>PRESENT PHASE</td>
<td>DSA-II</td>
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<tr>
<td>PRESENT FILE-NUMBER</td>
<td></td>
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</tbody>
</table>

(Signatures and Names of University Representatives):

1) [Signature]
2) [Signature] (Vinay Gupta)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSt AREA(s): Experimental Condensed Matter Physics, Conventional Physics

NAME OF CO-ORDINATOR: Prof. Vinay Gupta

NAME OF DEPUTY CO-ORDINATOR: To be nominated by the VC

FINANCIAL RECOMMENDATIONS:

NON-RECURRING = 100.00
RECURRING = 88.50

NO. OF PROJECT FELLOW(s) =
TOTAL = 188.50

NAME OF ADVISORY COMMITTEE MEMBERS:
Prof. Sunjoy Bura, J. HU New Delhi
Prof. D. Landuy, I.I.T. BHU Varanasi

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS-1 from to [ ]

(B) Department be upgraded to status of from to [ ]

(C) Department may continue at status of DSA-II to DSA-III [ ]

(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature] [Signature] [Signature] [Signature]
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE DATE: 27-5-15 S.NO.: 15

To be filled by representatives of university department:

NAME OF DEPARTMENT: Centre for Interdisciplinary Research in Basic Sciences.
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): zaaniari@jmi.ac.in, 9891428663.
NAME AND ADDRESS OF UNIVERSITY: Jami'a M. U. Iskandar.
PRESENT FACULTY STRENGTH (Total): 14 No. OF PROFESSORS: 3 (2+1)
2(F) STATUS (Y/N): Y 12 (B) STATUS (Y/N): Y SELF FINANCED DEPTT. (Y/N): N
PRESENT TENURE: FROM ___ TO ___ PRESENT PHASE: [ ] FRESH [ ] PRESENT FILE NO.: ___

(Signatures and Names of University Representatives):
1) [Signature] (Prof. Z.A. Ansari)
2) [Signature] (Prof. S.G. Ansari)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(S): ___________________________

NAME OF CO-ORDINATOR: ___________________________

NAME OF DEPUTY COORDINATOR: ___________________________

FINANCIAL RECOMMENDATIONS: NON-RECURRING

RECURRING = ___________________________

NO. OF PROJECT FELLOW(S) = ___________________________

NAME OF ADVISORY COMMITTEE MEMBERS: ___________________________

THE COMMITTEE STRONGLY RECOMMENDS:
(A) Department be inducted at status of DRS - I from _______ to _______ [ ]
(B) Department be upgraded to status of _______ from _______ to _______ [ ]
(C) Department may continue at status of _______ from _______ to _______ [ ]
(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature] [Signature] [Signature]
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)
VENUE: UGC OFFICE
DATE: 24/5/15
S.NO.: 16

To be filled by representatives of university department:

NAME OF DEPARTMENT: DEPARTMENT OF MARINE SCIENCE
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): vrngeologist@gmail.com 9488017976
marine@bdu.ac.in 0431 2407111
NAME AND ADDRESS OF UNIVERSITY: BHARATHIDASAN UNIVERSITY
TRICHY - 620024
PRESENT FACULTY STRENGTH (Total): 6
No. OF PROFESSORS: 1
2(F) STATUS (Y/N): Y
12 (B) STATUS (Y/N): Y SELF FINANCED DEPTT. (Y/N): N
PRESENT TENURE: FROM 2015 TO 2020
PRESENT PHASE: E
PRESENT FILE-NO.:

(Signatures and Names of University Representatives):
1) [Signature]
   [Name]
2) [Signature]
   [Name]

To be filled by Expert Committee (RECOMMENDATIONS):
THURST AREA(s):

NAME OF CO-ORDINATOR:
NAME OF DEPUTY COORDINATOR:
FINANCIAL RECOMMENDATIONS:
NON-RECURRING =
RECURRING =
NO. OF PROJECT FELLOW(s) =
TOTAL =

NAME OF ADVISORY COMMITTEE MEMBERS:

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS-I from to [ ]

(B) Department be upgraded to status of from to [ ]

(C) Department may continue at status of from to [ ]

(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):
[Signature]
[Name]
23/05/15

[Signature]
[Name]
23/05/15
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE
DATE: 27/5/15
S.NO.: 17

NAME OF DEPARTMENT: School of Marine Sciences

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): kurniasaingan@cusat.ac.in - 0484-7743335
                                            kurniasaingan@yahoo.com - 0484-2813337

NAME AND ADDRESS OF UNIVERSITY:
Kochi University of Science and Technology
Kochi, Kerala 682022

PRESENT FACULTY STRENGTH (Total): 20
No. OF PROFESSORS: 6

2(F) STATUS (Y/N): Autonomous
12 (B) STATUS (Y/N): Not Applicable
SELF FINANCED DEPTT. (Y/N): No

PRESENT TENURE: FROM 2012 TO 2012
PRESENT PHASE: 2012-13
PRESENT FILE NO.: E4-1/2007 (SPB)

(Signatures and Names of University Representatives):
1) [Signature]
2) [Signature]

THrust Area(s):

NAME OF CO-ORDINATOR:

NAME OF DEPUTY CO-ORDINATOR:

FINANCIAL RECOMMENDATIONS:
NON-RECURRING =
RECURRING =
NO. OF PROJECT FELLOW(s) =
TOTAL =

NAME OF ADVISORY COMMITTEE MEMBERS:

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS - 1 from to [ ]
(B) Department be upgraded to status of from to [ ]
(C) Department may continue at status of from to [ ]
(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

27/5/2015
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE : UGC OFFICE   DATE : 27/5/15   S.NO. : 18

NAME OF DEPARTMENT : Oceanography and Coastal Area Studies
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : ssheltoch@rediffmail.com / 9841311282
NAME AND ADDRESS OF UNIVERSITY : Alagappa University, Karaikudi
PRESENT FACULTY STRENGTH (Total) : 6   No. OF PROFESSORS : 3
2(F) STATUS (Y/N) :    12 (B) STATUS (Y/N) : YES SELF FINANCED DEPTT.(Y/N) :    
PRESENT TENURE : FROM    TO    PRESENT PHASE :    PRESENT FILE-NO. :    

(Signatures and Names of University Representatives):
1)   (Dr. C. Shila)   2)   (Dr. V. Subramaniam)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSt AREA(s) : CONSERVATION AND SUSTAINABLE DEVELOPMENT OF MARINE RESOURCES IN PALK BAY

NAME OF CO-ORDINATOR : Dr. C. STELLA
NAME OF DEPUTY CO-ORDINATOR : Dr. S. SAVIKUMAR
FINANCIAL RECOMMENDATIONS :
NON-RECURRING = 50.47 LAKHS
RECURRING = 37.50 LAKHS
NO. OF PROJECT FELLOW(S) =    TOTAL = 87.97 LAKHS.

NAME OF ADVISORY COMMITTEE MEMBERS : Dr. S. ASMAK KUMAR, CASM, Annamalai University,
                                       Dr. B. ICADALARAO, DMCE, Andhra University

THE COMMITTEE STRONGLY RECOMMENDS :

(A) Department be induced at status of DRS-1 from 2015 to 2020 [ ]

(B) Department be upgraded to status of       from       to       [ ]

(C) Department may continue at status of       from       to       [ ]

(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature]  [Signature]
27/05/2015  27/05/2015
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

NAME OF DEPARTMENT: Department of History
Faculty of Arts / The M.S. Univ. of Near D.N. Podol Campus, Baroda

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): 2789219 197427346719

NAME AND ADDRESS OF UNIVERSITY:

PRESENT FACULTY STRENGTH (Total): 08
No. OF PROFESSORS: 02

2(F) STATUS (Y/N): Y 12(G) STATUS (Y/N): Y SELF FINANCED DEPT.(Y/N): N

PRESENT TENURE: FROM TO PRESENT PHASE: PRESENT FILE NO.:__

(Signatures and Names of University Representatives):
1) Prof. Acharya Bharti Sarasa
2) __________

To be filled by Expert Committee (RECOMMENDATIONS):

THREUT AREA(s): Digitalization of local records of Gujarat for investigation
at socio-economic history of Western India.

NAME OF CO-ORDINATOR: Dr. Raj Rama Han

NAME OF DEPUTY COORDINATOR: __________

FINANCIAL RECOMMENDATIONS:
NON-RECURRING = 10,000,000
RECURRING = 35,00,000
NO. OF PROJECT FELLOW(S) = __________
TOTAL = 45,00,000

NAME OF ADVISORY COMMITTEE MEMBERS: Prof. R.C. Thakrar
Prof. Vansh Shinganekar

THE COMMITTEE STRONGLY RECOMMENDS: [TICK ANY ONE]
(A) Department be inducted at status of DRS-I from to [I ]
(B) Department be upgraded to status of from to [ ]
(C) Department may continue at status of from to [ ]
(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature]

[Signature]
UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)


To be filled by representatives of university department:

NAME OF DEPARTMENT: History

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH):

NAME AND ADDRESS OF UNIVERSITY: Allahabad University

PRESENT FACULTY STRENGTH (Total): No. OF PROFESSORS:

2(F) STATUS (Y/N): 12 (P) STATUS (Y/N): SELF FINANCED DEPTT.(Y/N):

PRESENT TENURE: FROM TO PRESENT PHASE: PRESENT FILE-NO.: 

(Signatures and Names of University Representatives):

1) ____________________________ 2) ____________________________

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s): ___________________________________________________________________

NAME OF CO-ORDINATOR: ___________________________________________________________________

NAME OF DEPUTY COORDINATOR: ___________________________________________________________________

FINANCIAL RECOMMENDATIONS:

NON-RECURRING = ____________________________

RECURRING = ____________________________

NO. OF PROJECT FELLOW(s) = ____________________________

TOTAL = ____________________________

NAME OF ADVISORY COMMITTEE MEMBERS:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

THE COMMITTEE STRONGLY RECOMMENDS: [TICK ANY ONE]

(A) Department be inducted at status of DRS - I from to [ ]

(B) Department be upgraded to status of from to [ ]

(C) Department may continue at status of from to [ ]

(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

__________________________________________________________________________

( )
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)


To be filled by representatives of university department:

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<th>NAME OF DEPARTMENT</th>
<th>History</th>
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<td>CONTACT DETAILS OF DEPARTMENT (E-MAIL &amp; PH)</td>
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<td>NAME AND ADDRESS OF UNIVERSITY</td>
<td>Calicut University</td>
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<td>PRESENT FACULTY STRENGTH (Total)</td>
<td>_______  No. OF PROFESSORS: _______</td>
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<td>2(F) STATUS (Y/N): _____  12 (B) STATUS (Y/N): _______  SELF FINANCED DEPTT.(Y/N): _______</td>
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<td>PRESENT TENURE: FROM _____ TO _____  PRESENT PHASE: _____  PRESENT FILE-NO.: ____</td>
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(Signatures and Names of University Representatives):

1) ____________________________  2) ____________________________

To be filled by Expert Committee (RECOMMENDATIONS):

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<th>THRUST AREA(s)</th>
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<tbody>
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<td>NAME OF CO-ORDINATOR</td>
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<tr>
<td>NAME OF DEPUTY COORDINATOR</td>
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<tr>
<td>FINANCIAL RECOMMENDATIONS</td>
<td>NON-RECURRING = _______  RECURRING = _______  NO. OF PROJECT FELLOW(s) = _______  TOTAL = _______</td>
</tr>
<tr>
<td>NAME OF ADVISORY COMMITTEE MEMBERS</td>
<td></td>
</tr>
</tbody>
</table>

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS-I from _____ to _____ [ ]

(B) Department be upgraded to status of _____ from _____ to _____ [ ]

(C) Department may continue at status of _____ from _____ to _____ [ ]

(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature and Name]

[Signature and Name]
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)
VENUE : UGC OFFICE DATE : 27.5.2015 S.NO. : 21

To be filled by representatives of university department:

NAME OF DEPARTMENT : History
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) :
NAME AND ADDRESS OF UNIVERSITY : Berhampur University
PRESENT FACULTY STRENGTH (Total) : No. OF PROFESSORS:
2(F) STATUS (Y/N): 12 (B) STATUS (Y/N): SELF FINANCED DEPTT.(Y/N):
PRESENT TENURE: FROM TO PRESENT PHASE: PRESENT FILE-NO.:

(Signatures and Names of University Representatives):
1) ____________________________________________ 2) ____________________________________________

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s) : ____________________________________________

NAME OF CO-ORDINATOR :

NAME OF DEPUTY COORDINATOR :

FINANCIAL RECOMMENDATIONS : NON-RECURRING = _______________________
RECURRING = _______________________
NO. OF PROJECT FELLOW(s) = _______________________
TOTAL = _______________________

NAME OF ADVISORY COMMITTEE MEMBERS :

THE COMMITTEE STRONGLY RECOMMENDS :

(A) Department be inducted at status of DRS - I from _______ to [ ]
(B) Department be upgraded to status of _______ from _______ to [ ]
(C) Department may continue at status of _______ from _______ to [ ]
(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature] [Name]

[Signature] [Name]
To be filled by representatives of university department:

NAME OF DEPARTMENT: DEPARTMENT OF HISTORY

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): dr.m.v.ushadewi@gmail.com

NAME AND ADDRESS OF UNIVERSITY: BANGALORE UNIVERSITY, Jnana Bhavantha Campus, Bengaluru-560056, Karnataka, India

PRESENT FACULTY STRENGTH (Total): 9 No. OF PROFESSORS: 9

2(F) STATUS (Y/N): Autonomy 12 (B) STATUS (Y/N): SELF FINANCED DEPTT. (Y/N): No. F. 5-38/2009(SAP-II)

PRESENT TENURE: FROM 2009 TO 2014 PRESENT PHASE: DRS-I PRESENT FILE-NO.:

(Signatures and Names of University Representatives):

1) Prof. M.V. Ushadewi Coordinator (Ushadewi) 27-5-2015

2) Prof. M. Shalidharan (Shalidharan) Dte. Coordinator

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s):

NAME OF CO-ORDINATOR:

NAME OF DEPUTY COORDINATOR:

FINANCIAL RECOMMENDATIONS: NON-RECURRING = Recurring = NO. OF PROJECT FELLOW(S) = TOTAL =

NAME OF ADVISORY COMMITTEE MEMBERS:

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS-I from to [ ]

(B) Department be upgraded to status of from to [ ]

(C) Department may continue at status of from to [ ]

(D) Department be discontinued/not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature]

[Signature]
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)


To be filled by representatives of university department:

NAME OF DEPARTMENT: History

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH):

NAME AND ADDRESS OF UNIVERSITY: Sambalpur University

PRESENT FACULTY STRENGTH (Total): No. OF PROFESSORS:

2(F) STATUS (Y/N): 12 (B) STATUS (Y/N): SELF FINANCED DEPTT.(Y/N):

PRESENT TENURE: FROM TO PRESENT PHASE: PRESENT FILE-NO.:  

(Signatures and Names of University Representatives):

1) ___________________________  2) ___________________________
   ( )                       ( )

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s):

NAME OF CO-ORDINATOR:

NAME OF DEPUTY COORDINATOR:

FINANCIAL RECOMMENDATIONS: NON-RECURRING =
                              RECURRING =

NO. OF PROJECT FELLOW(s) =

TOTAL =

NAME OF ADVISORY COMMITTEE MEMBERS:

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS - I from to [ ]
(B) Department be upgraded to status of from to [ ]
(C) Department may continue at status of from to [ ]
(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature]

[Signature]
UNIVERSITY GRANTS COMMISSION

RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE  DATE: 21/05/15  S.NO.: 25

To be filled by representatives of university department:

NAME OF DEPARTMENT: DEPARTMENT OF HISTORY, UNIVERSITY OF DELHI

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): historydepartment2011@gmail.com

PHONE: 27660259

NAME AND ADDRESS OF UNIVERSITY: UNIVERSITY OF DELHI, DELHI - 110007

PRESENT FACULTY STRENGTH (Total): 38  No. OF PROFESSORS: 12

2(F) STATUS (Y/N):  12 (B) STATUS (Y/N): SELF FINANCED DEPT.(Y/N): NO

PRESENT TENURE: FROM TO PRESENT PHASE: PRESENT FILE NO.:

(Signatures and Names of University Representatives):

1)  
2)  

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s):  IDENTITY FORMATION  
Intellectual History  Archaeological Traditions  History of Science & Medicine  History of Asian Interaction  Ethnography  Historical Analysis of Documents

NAME OF CO-ORDINATOR: Prof. Upinder Singh

NAME OF DEPUTY CO-ORDINATOR: Dr. Anshu Malhotra

FINANCIAL RECOMMENDATIONS: NON-RECURRING = 10.00 lakhs
RECURRING = 6.30 lakhs
NO. OF PROJECT FELLOW(s) =
TOTAL = 7.30 lakhs

NAME OF ADVISORY COMMITTEE MEMBERS: Dr. Neeladri Bhattacharya, JNU, Delhi; Prof. Sitaram Dubey, Dep't of AIHCA, BHU, Varanasi

THE COMMITTEE STRONGLY RECOMMENDS: [ TICK ANY ONE]
(A) Department be inducted at status of DRS-I from to [ ]
(B) Department be upgraded to status of from to [ ]
(C) Department may continue at status of CAS II from CAS II to CAS II [ ]
(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

Prof. Madhav Rajaram  Prof. Vikas Agrawal

(Handwritten Signatures)