UNIVERSITY GRANTS COMMISSION

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

VENUE: UGC OFFICE
DATE: 20.5.15
S.NO.: 1

To be filled by representatives of university department:

NAME OF DEPARTMENT: Dept of Geology, AMU, Aligarh
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): Department of Geology, AMU, Aligarh
Phone 0571270615

NAME AND ADDRESS OF UNIVERSITY:

PRESENT FACULTY STRENGTH (Total): 17
No. OF PROFESSORS: 07

2(F) STATUS (Y/N): Y
12 (E) STATUS (Y/N): YSELF FINANCED DEPTT. (Y/N): N

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

(Signatures and Names of University Representatives):

1) [Signature]
   Prof. A. H. M. Ahmad

2) [Signature]
   Prof. M. E. A. Mondal

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s):
1) Geological Survey
2) Environmental Geology
3) Geostatistics

NAME OF CO-ORDINATOR:
Prof. A. H. M. Ahmad

NAME OF DEPUTY COORDINATOR:
Prof. M. E. A. Mondal

FINANCIAL RECOMMENDATIONS:
NON-RECURRING = 80,000 LAC
RECURRING = 67,500 LAC
NO. OF PROJECT FELLOW(S) =
TOTAL = 147,500 LAC

NAME OF ADVISORY COMMITTEE MEMBERS:
1) Prof. A. M. Agela, Univ of Delhi
2) Prof. Santosh Kumar, Kurmanji Univ, Nainital

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 _______.

(D) Department be discontinued / not recommended.

(TICK ANY ONE)

(Signatures and Names of Expert Committee Members):

[Signature]
[A. H. M. Ahmad]

[Signature]
[M. E. A. Mondal]

[Signature]
[By RJ]

[Signature]
[By RJ]
## UNIVERSITY GRANTS COMMISSION

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

(SUBJECT TO APPROVAL OF THE COMMISSION)

<table>
<thead>
<tr>
<th>VENUE</th>
<th>DATE</th>
<th>S.NO.</th>
</tr>
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<tbody>
<tr>
<td>UGC OFFICE</td>
<td>20/1/2015</td>
<td>2</td>
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To be filled by representatives of university department:

<table>
<thead>
<tr>
<th>NAME OF DEPARTMENT</th>
<th>PG Department of Geology</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT DETAILS OF DEPARTMENT (E-MAIL &amp; PH)</td>
<td>0712-2532411, 2532541, Fax-0712-2544837</td>
</tr>
<tr>
<td>NAME AND ADDRESS OF UNIVERSITY</td>
<td>R.T.M. Nagpur University, Nagpur</td>
</tr>
<tr>
<td>PRESENT FACULTY STRENGTH (Total)</td>
<td>13</td>
</tr>
<tr>
<td>No. OF PROFESSORS</td>
<td>03</td>
</tr>
<tr>
<td>2(F) STATUS (Y/N)</td>
<td>Yes</td>
</tr>
<tr>
<td>12 (E) STATUS (Y/N)</td>
<td>Yes</td>
</tr>
<tr>
<td>SELF FINANCED DEPTT. (Y/N)</td>
<td>No</td>
</tr>
<tr>
<td>PRESENT TENURE: FROM</td>
<td>1/4/2010</td>
</tr>
<tr>
<td>TO</td>
<td>31/3/2015</td>
</tr>
<tr>
<td>PRESENT PHASE:</td>
<td>UGC-SAP-DRS-I</td>
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<tr>
<td>PRESENT FILE-NO.</td>
<td>550/4/DRS/2010(SAP-I)</td>
</tr>
<tr>
<td>(Signature and Name of University Representatives)</td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td>Prof. D. B. Male</td>
</tr>
<tr>
<td>2)</td>
<td></td>
</tr>
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</table>

To be filled by Expert Committee (RECOMMENDATIONS):

<table>
<thead>
<tr>
<th>THRUST AREA(s)</th>
<th>Incorporated Geology with Geo-chemistry in Petrology, Mineralogy, Geophysic, and Hydrogeology</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF CO-ORDINATOR</td>
<td>Prof. Neeraj B. Mohite</td>
</tr>
<tr>
<td>NAME OF DEPUTY CO-ORDINATOR</td>
<td>Dr. K. R. Ramachari</td>
</tr>
<tr>
<td>FINANCIAL RECOMMENDATIONS</td>
<td>NON-RECURRING = 50,000</td>
</tr>
<tr>
<td></td>
<td>RECURRING = 52,000</td>
</tr>
<tr>
<td>NO. OF PROJECT FELLOW(s)</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>167,000</td>
</tr>
<tr>
<td>NAME OF ADVISORY COMMITTEE MEMBERS</td>
<td>Prof. L. S. Chamikar, RSU, Bhopal</td>
</tr>
<tr>
<td></td>
<td>Prof. Chandrakant Kshetraya, IIT (B)</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 DRS-I from DRS-II [ ]

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

(Signatures and Names of Expert Committee Members):

[Signatures]
UNIVERSITY GRANTS COMMISSION

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

VENUE : UGC OFFICE
DATE : 20.05.2015
S.NO.: 03

NAME OF DEPARTMENT: Dept. of Geology, School of Earth Sciences

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH):
Vijay Kumar @ hotmail.com; Rkncbcharya@gmail.com
044-22930572

NAME AND ADDRESS OF UNIVERSITY:
University, Nadadurga, Swami Ramnath Teerth Mahavidyalaya, 54050053

PRESENT FACULTY STRENGTH (Total):
Mahabubnagar: 12

No. OF PROFESSORS:
4

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

PRESENT TENURE: FROM 2010 TO 2015
PRESENT PHASE: DRS-I

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

Thrust Area(s):
Integrated Hydrogeological Environmental

To be filled by Expert Committee (RECOMMENDATIONS):

NAME OF CO-ORDINATOR: Prof. D.B. Nanavati

NAME OF DEPUTY COORDINATOR: Dr. R. D. Kaplay

FINANCIAL RECOMMENDATIONS:
NON-RECURRING = 40,000
RECURRING = 72,000
NO. OF PROJECT FOLLOWER(S) = 112 – 80

TOTAL = 112

NAME OF ADVISORY COMMITTEE MEMBERS:
B. S. Bhaskar, Rao, NGR Institute, Hyderabad
D. B. Malha, Malha PG, Deccan College, RTM

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-I 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)

To be filled by representatives of university department:

NAME OF DEPARTMENT : GEOLOGY

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : geology66@gmail.com/1464@ymail.com

NAME AND ADDRESS OF UNIVERSITY : Dept of Geology, Anna University, Chennai 600025

PRESENT FACULTY STRENGTH (Total) : 08 No. OF PROFESSORS : 05

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


(Signatures and Names of University Representatives):
1) Prof. R. Nagaraju, Coordinator, DRS-2007
2) Dr. H. Arjunan, Dept.Head

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s) : 

NAME OF CO-ORDINATOR : 

NAME OF DEPUTY COORDINATOR : 

FINANCIAL RECOMMENDATIONS : NON-RECURRING = RECURRING =

Tenure is from 1-4-2013 to 31-3-2018. The Department will be due for re-evaluation after completion of the tenure.

NAME OF ADVISORY COMMITTEE MEMBERS :

THE COMMITTEE STRONGLY RECOMMENDS : [TICK ANY ONE]

(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):

[Signatures]
UNIVERSITY GRANTS COMMISSION

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

VENUE: UGC OFFICE  DATE: 20/5/2015  S.NO.: 5

NAME OF DEPARTMENT: DEPARTMENT OF GEOLOGY, BHU
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): mallikbhu@gmail.com
NAME AND ADDRESS OF UNIVERSITY: Banaras Hindu University, Varanasi
PRESENT FACULTY STRENGTH (Total): 8 + 1 (KDM), No. of Professors: 11 + 01 (Prof. Chai)
2(F) STATUS (Y/N): Central University 12 (B) STATUS (Y/N): Central University
PRESENT TENURE: FROM 2015 TO 2020 PRESENT PHASE: CAS-I
PRESIDENT FILE-NO.: ____________

(Signatures and Names of University Representatives):
1) Prof. Mallick
2) Prof. Joshi

To be filled by Expert Committee (RECOMMENDATIONS):
THRUST AREA(s):
1) Petrologies of the Indian Lithosphere
2) Sedimentary basins and Palaeo biology

NAME OF CO-ORDINATOR: Prof. M. Joshi
NAME OF DEPUTY COORDINATOR: will be decided by V.C. of BHU
FINANCIAL RECOMMENDATIONS:
NON-RECURRING = 80:00
RECURRING = 72:00
NO. OF PROJECT FELLOW(s) = 15:00
TOTAL = 152:00

NAME OF ADVISORY COMMITTEE MEMBERS:
Prof. Prathima, Prof. Gupta

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 CAS from I to II [ ]
(D) Department be discontinued / not recommended. [ ]

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

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

VENUE: UGC OFFICE
DATE: 2015/15
S.NO.: 8

To be filled by representatives of university department:

NAME OF DEPARTMENT: Geology
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): jammu civ
NAME AND ADDRESS OF 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 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 induced at status of DRS - I from ______ to ______
[B ]
(B) Department be upgraded to status of ______ from ______ to ______
[C ]
(C) Department may continue at status of ______ from ______ to ______
[D ]
(D) Department be discontinued / not recommended.

[SIGNATURES AND NAMES OF EXPERT COMMITTEE MEMBERS]:
1) ____________________________  2) ____________________________

[Note: The document contains handwritten annotations and corrections.]

[Signatures and Names of Expert Committee Members]:

( )

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

VENUE : UGC OFFICE  DATE : 20/5/15  S.NO. : 9

To be filled by representatives of university department:

NAME OF DEPARTMENT : GEOLOGY

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : ambu02@gmail.com, 0427-2245520 EXT. 261

NAME AND ADDRESS OF UNIVERSITY : PERIYAR UNIVERSITY 9443045884

SALEM. 636011

PRESENT FACULTY STRENGTH (Total) : 7  No. OF PROFESSORS : 3

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

PRESENT TENURE: FROM 2015 TO 2020  PRESENT PHASE: DRS-1  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-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):

[Signatures and Names]
UNIVERSITY GRANTS COMMISSION

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

VENUE: UGC OFFICE DATE: 20.5.15 S.NO.: 10

To be filled by representatives of university department:

NAME OF DEPARTMENT: GEOPHYSICS

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): head.geophy86@gmail.com 0891-294 5219, 273 2440

NAME AND ADDRESS OF UNIVERSITY: Andhra University, Visakhapatnam

PRESENT FACULTY STRENGTH (Total): 8 No. OF PROFESSORS: 2

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: Fresh PRESENT FILE-NO.: ________

(Signatures and Names of University Representatives):

1) [Signature] P. RAMARAO 20/5/15

2) [Signature] M. R. S. SAMPATH KUMAR

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s):

________________________________

NAME OF CO-ORDINATOR: PROF. P. RAMARAO Head, Dept. of Geophysics, AU.

NAME OF DEPUTY CO-ORDINATOR: M. R. S. SAMPATH KUMAR, Associate Professor, Dept. of Geophysics, AU.

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] [Signature] [Name] [Signature] [Name]
UNIVERSITY GRANTS COMMISSION

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

VENUE: UGC OFFICE
DATE: 30/10/15
S.NO.: 1

To be filled by representatives of university department:

NAME OF DEPARTMENT: Department of Earth Sciences

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): Earth Sciences, Head, rau@qmail.com
04144-238282 * 324

NAME AND ADDRESS OF UNIVERSITY: Annamalai University, Annamalai Nagar
Tamilnadu

PRESENT FACULTY STRENGTH (Total): 20
No. OF PROFESSORS: 2

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

PRESENT TENURE: FROM 2015 TO 2020
PRESENT PHASE: DRS I
PRESENT FILE-NO.: ________

(Signatures and Names of University Representatives):

1) [Signature]
   Dr. Ram Kumar

2) [Signature]
   S. Sridharbaram

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]

[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: DEPT. OF MARINE GEOLOGY
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): marinegeology@mangaloreuniversity.ac.in
(0824-2287389; 2284343)
NAME AND ADDRESS OF UNIVERSITY: MANGALORE UNIVERSITY MANGALAGANGOTRI - 574 199, MANGALORE
PRESENT FACULTY STRENGTH (Total): NINE (09)  No. OF PROFESSORS: SIX (06)
2(F) STATUS (Y/N): YES  12 (B) STATUS (Y/N): YES  SELF FINANCED DEPTT. (Y/N): NO

(Signatures and Names of University Representatives):
1) [Signature]  [Name]
   [K.S. JAYAPPA ]

To be filled by Expert Committee (RECOMMENDATIONS):

THRUCE 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):
[Signatures]
[Signatures]
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)
VENUE: UGC OFFICE DATE: 20/5/2015 S.NO.: 13

To be filled by representatives of university department:

NAME OF DEPARTMENT: Environmental Science
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): boogana1@gmail.com 0979 7247851
NAME AND ADDRESS OF UNIVERSITY: Kashmir Univ. Smagar-19006
PRESENT FACULTY STRENGTH (Total): 7 No. OF PROFESSORS: 1+2
2(F) STATUS (Y/N): ☐ 12 (B) STATUS (Y/N): ☐ SELF FINANCED DEPTT. (Y/N): ☐

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

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

VENUE: UGC OFFICE DATE: 20.5.2015 S.NO.: 214

NAME OF DEPARTMENT: Sri Paramakalyani Centre for Environmental Sciences
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): grassmvi@gmail.com
04634-253270,
NAME AND ADDRESS OF UNIVERSITY: Manonmaniam Sundaranar University Alwarthirunagiri, 629412, TN
PRESENT FACULTY STRENGTH (Total): 7 No. OF PROFESSORS: 3
2(F) STATUS (Y/N): Y 12 (D) STATUS (Y/N): Y SELF FINANCED DEPTT. (Y/N): N

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

To be filled by representatives of university department:

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

VENUE: UGC OFFICE  DATE: 20.05.15  S.NO.: 15

To be filled by representatives of university department:

NAME OF DEPARTMENT: Department of Environmental Science
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): Poddar2013@gmail.com; 0522-2995605
designoughto@yahoo.com
NAME AND ADDRESS OF UNIVERSITY: Babasaheb Bhimrao Ambedkar University,
Rae Bareilly Road, Lucknow-226025
PRESENT FACULTY STRENGTH (Total): 08  NO. OF PROFESSORS: 02
2(F) STATUS (Y/N): 12 (B) STATUS (Y/N): SELF FINANCED DEPTT. (Y/N): N
PRESENT TENURE: FROM 2015 TO 2020  PRESENT PHASE: I  PRESENT FILE-NO.: 

(Signatures and Names of University Representatives):
1) (Prof. D.P. Singh)
2) (Dr. Richa Kothari)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s): Bioremediation, Bioenergy

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: 28.05.2015
S.NO.: 16

To be filled by representatives of university department:

NAME OF DEPARTMENT: School of Environment & Natural Resources, Doon University

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): kusumdoon@gmail.com 0135-2533103

NAME AND ADDRESS OF UNIVERSITY: Doon University, Kedarpur, Dehradun

PRESENT FACULTY STRENGTH (Total): 07
No. OF PROFESSORS: 01

2(F) STATUS (Y/N): Y
2(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) Prof. Kusum Anurochalam
2) Dr. Vijay Chaudhary

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s)

1. Carbon Sequestration in different Ecosystems in Himalaya
2. Air Pollution Monitoring and Assessment

NAME OF CO-ORDINATOR: Prof. Kusum Anurochalam

NAME OF DEPUTY COORDINATOR: Dr. Vijay Chaudhary

FINANCIAL RECOMMENDATIONS
NON-RECURRING:

RECURRING =

NO. OF PROJECT / FELLOWS =

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] [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: ENVIRONMENTAL BIOTECHNOLOGY
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): Dr. R. Babu Rajendran
Yamamotoy@ymail.com; 0431-2607588
NAME AND ADDRESS OF UNIVERSITY: BHARATHIDASAN UNIVERSITY, TIRUCHIRAPPALLI
PRESENT FACULTY STRENGTH (Total): 08 No. OF PROFESSORS: 02
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) \(\text{Signature}\) (R. Babu Rajendran)

2) \(\text{Signature}\) (Dr. M. Krishnan)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s): Environmental Assessment & Restoration

NAME OF CO-ORDINATOR: Dr. R. Babu Rajendran
NAME OF DEPUTY CO-ORDINATOR: Dr. M. Goundasraju
FINANCIAL RECOMMENDATIONS:
NON-RECURRING = 55.00 lakhs
RECURRING = 4.00 lakhs
NO. OF PROJECT FELLOW(s) = ___________
TOTAL = 59.00 lakhs

NAME OF ADVISORY COMMITTEE MEMBERS:

Prof. A.S. Ahluwalia
Prof. K. Kamalvadi Rao

THE COMMITTEE STRONGLY RECOMMENDS:
(A) Department be inducted at status of DRS-I 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):

\(\text{Signature}\) \(\text{Signature}\) \(\text{Signature}\)

\(\text{Signature}\) \(\text{Signature}\) \(\text{Signature}\)
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE
DATE: 20/5/2015
S.NO.: 18

NAME OF DEPARTMENT: DEPT OF ENVIRONMENTAL SCIENCE

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): HOD_ENV@TEZU.ERNET.IND

NAME AND ADDRESS OF UNIVERSITY: 09435490582
TEZPUR UNIVERSITY, TEZPUR 784028 (ASSAM)

PRESENT FACULTY STRENGTH (Total): 11
No. OF PROFESSORS: 02

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

PRESENT TENURE: FROM 2015 TO 2020
PRESENT PHASE: DRS I
PRESENT FILE NO.: __________

(Signatures and Names of University Representatives):

1) Kali Prasad Sarma
(KALI PRASAD SARMA)

2) R. R. Hoque
(R. R. HOQUE)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s): Addressing multi-sectoral climate change issues in north-east India through an inter-disciplinary approach

NAME OF CO-ORDINATOR: Prof. Kali Prasad Sarma

NAME OF DEPUTY CO-ORDINATOR: Dr. R. R. Hoque

FINANCIAL RECOMMENDATIONS:

NON-RECURRING = 100 lakhs
RECURRING = 35 lakhs

NO. OF PROJECT FELLOW(S) = —
TOTAL = 135 lakhs

NAME OF ADVISORY COMMITTEE MEMBERS:

Prof. MK Pandit
Dr. SB Kashyap

THE COMMITTEE STRONGLY RECOMMENDS:

(A) Department be inducted at status of DRS-I 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):
UNIVERSITY GRANTS COMMISSION  
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW  
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE : UGC OFFICE  
DATE : 20/05/2015  
S.NO. : 19

To be filled by representatives of university department:

NAME OF DEPARTMENT : FORESTRY

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : uksaho.2003@rediffmail.com  
0389-2330341/2330534

NAME AND ADDRESS OF UNIVERSITY : MIZORAM UNIVERSITY, AIZHALL

PRESENT FACULTY STRENGTH (Total) : 10  
No. OF PROFESSORS : 04

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) [Signature] Prof. U.K. Saho
2) [Signature] Prof. Lalmumdanga

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s) : Agriculture and sustainable livelihood  
                   Tropical forest ecology and Biodiversity

NAME OF CO-ORDINATOR : Prof. U.K. Saho

NAME OF DEPUTY CO-ORDINATOR : Maj. Lalmumdanga

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 : 20.05.2015
S.NO. : 20

To be filled by representatives of University department:

NAME OF DEPARTMENT : COMPARATIVE LITERATURE

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : hod@comlit.jnu.ac.in, 033-2574-6820

NAME AND ADDRESS OF UNIVERSITY : JADAVPUR UNIVERSITY
188, Raja Sudder St., Chandra, Mullik Road
Kolkata, West Bengal, 700032

PRESENT FACULTY STRENGTH (Total) : 12 (12 Professors : 4)

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

PRESENT TENURE: FROM 2010-11 TO 2014-15
PRESENE PHASE: CAS-II
PRESENT FILE NO.: CS/48-241/2010
F.6-13/2010
D.T. 16/1/2006

(Signatures and Names of University Representatives):

1) Aimal Chatty Sanyor
2) Kunal Chattopadhyay

To be filled by Expert Committee (RECOMMENDATIONS):

THRUXT AREA(s) : 1. Comparative Literature: Text, Context, Method
2. Inter-literary Transnational: Borderless Horizons
3. Interaction between Knowledge Systems: Including Literature

NAME OF CO-ORDINATOR : PROF. KAVITA PANJABI

NAME OF DEPUTY COORDINATOR : DR. SAMANTAK DAS

FINANCIAL RECOMMENDATIONS : NON-RECURRING = 57 lakhs
RECURRING = 120 lakhs + Actuals

NO. OF PROJECT FELLOW(s) = 0
TOTAL = 177 lakhs + Actuals (1 PF)

NAME OF ADVISORY COMMITTEE MEMBERS :
PROF. GANESH N. NEVY
PROF. T.S. SATYANATH

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 CAS-III 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]
(PROF.)
SHORMISHA PANJABI

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

VENUE: UGC OFFICE
DATE: 20-5-15
S.NO.: 21

NAME OF DEPARTMENT: Music

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): Vocaliksh@Gmail.com

NAME AND ADDRESS OF UNIVERSITY: Indira Kala Sangit Vishwavidyalaya,
Kharagpur, West Bengal

PRESENT FACULTY STRENGTH (Total): 27 No. OF PROFESSORS: 01

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


(Signatures and Names of University Representatives):
1) Dr. Suni T A Bhal E
   (Signature)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSt AREA(s): ____________________________ NOT RECOMMENDED

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):

[Signatures]
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)
VENUE : UGC OFFICE
DATE : 20-5-15
S.NO. : 22

To be filled by representatives of university department:

NAME OF DEPARTMENT : DRAWING & PAINTING

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : yooyragini4@gmail.com Mob. 9897267452

NAME AND ADDRESS OF UNIVERSITY : DAYAL BHAG EDUCATIONAL INSTITUTE (DEEMED UNIVERSITY) DAYAL BHAG, AGRA-282005

PRESENT FACULTY STRENGTH (Total) : 07
No. OF PROFESSORS : 02

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) (Prof. Ragini Ray)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s) : __________________________________________

NAME OF CO-ORDINATOR : __________________________________

NAME OF DEPUTY COORDINATOR : ____________________________

FINANCIAL RECOMMENDATIONS
\[ \text{NON-RECURRING} = \quad \text{RECURRING} = \]

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 ________
\[ \checkmark (D) \] 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: 20.5.2016 S.NO.: 23

NAME OF DEPARTMENT: DANCE

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): 07820-234970, iksvvkgh@gmail.com

NAME AND ADDRESS OF UNIVERSITY: Indira Kala Sangit Vishwavidyalaya, Khairaghat, C.G. - 491881

PRESENT FACULTY STRENGTH (Total): 07 No. OF PROFESSORS: 01

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

PRESENT TENURE: FROM 1.4.10 TO 31.3.15 PRESENT PHASE: I PRESENT FILE NO. ES-I/2009(SAP-I)

(Signatures and Names of University Representatives):
1) [Signature]
   (Prof. Mandavi Singh)
2) [Signature]

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSt AREA(s)

1. Learning and Research work through Practical
2. Organization of Workshops, Seminars...
3. Necessary infrastructural construction & building renovation

NAME OF CO-ORDINATOR: Prof. Mandavi Singh

NAME OF DEPUTY CO-ORDINATOR: P Madhini Hemal

FINANCIAL RECOMMENDATIONS

NON-RECURRING = 70.0
RECURRING = 50.50

NO. OF PROJECT FELLOW(s) = 1 (ONE) Actual

TOTAL = 100.50 + 1PF (Actual)

NAME OF ADVISORY COMMITTEE MEMBERS:
1. Prof. Rangana Shrivastava
2. Prof. Amity Dutta

THE COMMITTEE STRONGLY RECOMMENDS:

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

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

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

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

(Signatures and Names of Expert Committee Members):

[Signatures]

[Names]