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

VENUE: UGC OFFICE
DATE: 01/06/2015
S.NO.: 3

To be filled by representatives of university department:

NAME OF DEPARTMENT: MECHANICAL ENGINEERING
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): hod@mech.iuuc.ac.in; 033-24146810
NAME AND ADDRESS OF UNIVERSITY: JADAVPUR UNIVERSITY
198, RAJA S C HULLICK ROAD, KOLKATA 700032
PRESENT FACULTY STRENGTH (Total): 61
No. OF PROFESSORS: 20

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

PRESENT TENURE: FROM 2009 TO 2014
PRESENT PHASE: DRS II
PRESENT FILE-NO.: F.3-71/2009 (SAP-D)
DATE 15.11.2009

(Signatures and Names of University Representatives):
1) Achintya Mukhopadhyaya (ACHINTYA MUKHOPADHYAYA)
2) Sanjib Kumar Acharya (SANJIB KR. ACHARYA)

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

VENUE: UGC OFFICE
DATE: 1-6-15
S.NO.: 3

To be filled by representatives of university department:

NAME OF DEPARTMENT: Mechanical Engineering

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): hod.mech@jnu.ac.in 0891-2844798

NAME AND ADDRESS OF UNIVERSITY: Andhra University, Waltair
I.P.: Andhra Pradesha

PRESENT FACULTY STRENGTH (Total): 19  No. OF PROFESSORS: 12

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


(Signatures and Names of University Representatives):
1) K. Velu
   (K. Velu K. Venu Srinivas)
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: 01-06-2015
S.NO.: 0

To be filled by representatives of university department:

NAME OF DEPARTMENT: Aerospace Engineering

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

NAME AND ADDRESS OF UNIVERSITY: Indian Institute of Science, Bangalore

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 induced at status of BRS-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: 01/06/2015
S.NO.: 5

To be filled by representatives of university department:

NAME OF DEPARTMENT: Department of Automobile Engineering, M.T. Campus, Anna University
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): hodauto@mitindia.edu
NAME AND ADDRESS OF UNIVERSITY: Anna University, Sardar Patel Road, Chennai - 25
PRESENT FACULTY STRENGTH (Total): 16
No. OF PROFESSORS: 02
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) [Signature] (Dr. S. Jayaram)
2) [Signature] (Dr. K. Aruna Chalam)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s): Vehicle Dynamic

NAME OF CO-ORDINATOR: Dr. G. Devakumar
NAME OF DEPUTY CO-ORDINATOR: Dr. K. Aruna Chalam
FINANCIAL RECOMMENDATIONS:
NON-RECURRING = 90,000
RECURRING = 10,000
NO. OF PROJECT FELLOW(S) = One (Actual)
TOTAL = 100,000 [As per Act]

NAME OF ADVISORY COMMITTEE MEMBERS:
Prof. Rajkumar, YMCA University, etc.
Prof. Naeem Akhtar, AMU

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] [Signature]
UNIVERSITY GRANTS COMMISSION

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

VENUE : UGC OFFICE
DATE : 1-6-15
S.NO. : 6

NAME OF DEPARTMENT : Pharmaceutical Sciences

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) :
Email: headpsdu@rediffmail.com
Tel: 0373-2370254

NAME AND ADDRESS OF UNIVERSITY :
Dibrugarh University, Dibrugarh - 786004

PRESENT FACULTY STRENGTH (Total) :
12
No. OF PROFESSORS : 03

2(F) STATUS (Y/N) : __
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) ________________
   (Dipak Chetia)
2) ________________

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s)

0. Antimalarial Drug Discovery from natural sources

NAME OF CO-ORDINATOR

NAME OF DEPUTY COORDINATOR

FINANCIAL RECOMMENDATIONS

NON-RECURRING = 52.00 Lacs

RECURRING = 12.25 Lacs

NO. OF PROJECT FELLOW(s) = ________

TOTAL = 64.25 Lacs

NAME OF ADVISORY COMMITTEE MEMBERS

Prabal Kumar Hanna, Annamalai Univ.
Diyush Tripathi, RSU, Prayag

THE COMMITTEE STRONGLY RECOMMENDS :

(TICK ANY ONE)

(A) Department be inducted at status of DRS-I from 2015 to 2020

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

(C) Department may continue at status of ________ from ________

(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: 1-6-15 S.NO.: 7

Table:

<table>
<thead>
<tr>
<th>NAME OF DEPARTMENT</th>
<th>PHARMACEUTICAL TECHNOLOGY</th>
</tr>
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<tbody>
<tr>
<td>CONTACT DETAILS OF DEPARTMENT (E-MAIL &amp; PH)</td>
<td>英國人<a href="mailto:63@yahoo.co.in">63@yahoo.co.in</a> 09830840991 09331040916 03324572042</td>
</tr>
<tr>
<td>NAME AND ADDRESS OF UNIVERSITY</td>
<td>Jadavpur University, 188, RAJ S C Mallik Road, Kolkata-700032</td>
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<tr>
<td>PRESENT FACULTY STRENGTH (Total)</td>
<td>17 (Approved 31) No. of Professors: 7</td>
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<tr>
<td>2(F) STATUS (Y/N):</td>
<td>Y</td>
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<tr>
<td>12 (B) STATUS (Y/N):</td>
<td>Y</td>
</tr>
<tr>
<td>SELF FINANCED DEPTT. (Y/N):</td>
<td>N</td>
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<td>PRESENT TENURE: FROM</td>
<td>01-4-2015 TO 31-3-2015</td>
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<td>PRESENT PHASE:</td>
<td>DSA Phase-III</td>
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<tr>
<td>PRESENT FILE NO.:</td>
<td>F-4-9/17</td>
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<td>(JAP-I) DDA 18-05-2010</td>
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</tr>
</tbody>
</table>

(Signatures and Names of University Representatives):

1) [Signature]
2) [Signature]

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s): Development, evaluation and safety

NAME OF CO-ORDINATOR: Prof. K K Chakraborty, Dept. of Pharmaceutical Technology

NAME OF DEPUTY CO-ORDINATOR: Dr. Subhendu Sen

FINANCIAL RECOMMENDATIONS:

NON-RECURRING = 150.00

RECURRING = 26.00

NO. OF PROJECT FELLOW(s) =

TOTAL = 176.00

NAME OF ADVISORY COMMITTEE MEMBERS:

Prof. C.K. Kokate, KLE University

Prof. Saroj Singh, NIPER, Mohali

THE COMMITTEE STRONGLY RECOMMENDS:

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

(B) Department be upgraded to status of CAS from CAS-I to CAS-T [ ]

(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 : 1/6/15 S.NO. : 8

To be filled by representatives of university department:

NAME OF DEPARTMENT : Medical Entomology & Toxicology

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : 011-26009681, s.sultan@iuac.ac.in

NAME AND ADDRESS OF UNIVERSITY : Jamia Hamdard University, Hamdard Nagar, New Delhi - 62

PRESENT FACULTY STRENGTH (Total) : 5

No. OF PROFESSORS : 2

2(F) STATUS (Y/N) : ________ 12 (B) STATUS (Y/N) : ________ SELF FINANCED DEPTT.(Y/N) : No

PRESENT TENURE: FROM 2010 TO 2015 PRESENT PHASE: GST PRESENT FILE NO.: 7-76/2001(S&D)

(Signatures and Names of University Representatives):

1) Dr. Sultan

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. [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: 01-06-2015
S.NO.: 9

To be filled by representatives of university department:

NAME OF DEPARTMENT: DEPARTMENT OF EDUCATION, VINAYA BHAVANA
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): Rod. 48, doe@gmail.com, 03463-264160
NAME AND ADDRESS OF UNIVERSITY: VISVA-BHARATI, SANTINIKETAN, WB - 731235
PRESENT FACULTY STRENGTH (Total): 29 (19+10)
No. OF PROFESSORS: 04
2(F) STATUS (Y/N): Y 12 (R) 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. K.C. Sahoo)
2) [Signature]
   (Dr. Asheesh Srivastava)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s):
1. Education for Sustainable Development
2. Value & Peace Education
3. Educational Policies & Toporian Thought

NAME OF CO-ORDINATOR: Prof. Kahan Charan Sahoo
NAME OF DEPUTY CO-ORDINATOR: To be nominated by V.C.
FINANCIAL RECOMMENDATIONS:
NON-RECURRING = Rs. 20,000 lakh
RECURRING = Rs. 65,000 lakh
NO. OF PROJECT FELLOW(s) = [ ] One [ ] One P.Fellow
TOTAL = 85,000 lakh + [ ] P.Fellow

NAME OF ADVISORY COMMITTEE MEMBERS:
Dr. R. Babu Anurag Mahalaxmi University
Prof. Seema Singh 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 [ ] from [ ] to [ ]
(D) Department be discontinued / not recommended. [ ]

(Signatures and Names of Expert Committee Members):

[Signature]
(Prof. H.C.S. Reddy)
[Signature]
(Prof. Renu)
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION/REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE DATE: 11/6/2015 S.NO.: 10

NAME OF DEPARTMENT: EDUCATION

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): Sudeeshanmishra@yahoo.com
Nandu 2005 @ Madras in 449 376.72490/976331409

NAME AND ADDRESS OF UNIVERSITY: Ravenshaw University, Cutack

PRESENT FACULTY STRENGTH (Total): 69 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 _____ TO _____ PRESENT PHASE: _____ PRESENT FILE NO.: _____

(Signatures and Names of University Representatives):

1) [Signature] [Name]
2) [Signature] [Name] (Dr. Sudeeshan Mishra)

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. [X]

(Signatures and Names of Expert Committee Members):

[Signature] [Name] (Prof. H.C. Nandu) [Signature] [Name] (Prof. H.C. Nandu) [Signature] [Name] (Prof. H.C. Nandu)
### UNIVERSITY GRANTS COMMISSION

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

**VENUE:** UGC OFFICE  
**DATE:** 01-06-2015  
**S.NO.:** 11

**NAME OF DEPARTMENT:** Education

**CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH):**  
educationdepartment@banasthalie.ac.in  
09352111494, 01438-228930

**NAME AND ADDRESS OF UNIVERSITY:**  
BANASTHALI VIDYAPITH, P.O. Banasthal,  
Vidyapith, Rajasthan - 304022

**PRESENT FACULTY STRENGTH (Total):** 12  
No. OF PROFESSORS: 01

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

**PRESENT TENURE:** FROM _____ TO _____  
PRESENT PHASE: DRS (Fresh)  
PRESENT FILE NO.: SAP-2014-2993

**Signatures and Names of University Representatives:**

1) Dr. Ajay Surana  
(01/06/15)

2) Vandana Goswami  
(01/06/15)

---

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

**THRUST AREA(s):**  
1. Technology (open Education Resource)  
2. Integration of Education with Teacher Education  
3. Skill Education to Meet Market Demand

**NAME OF CO-ORDINATOR:** Dr. Ajay Surana

**NAME OF DEPUTY CO-ORDINATOR:** Dr. Vandana Goswami

**FINANCIAL RECOMMENDATIONS:**

- NON-RECURRING: 25.0 lakhs
- RECURRING: 39.0 lakhs

**NO. OF PROJECT FELLOW(s):** 2 (Actual)

**TOTAL:** 64.0 lakhs + 2 P (Actual)

**NAME OF ADVISORY COMMITTEE MEMBERS:**

1. Prof. Anita Reddogi, Jamia Milia Islamia
2. Prof. Meenakshi Singh, BHU

**THE COMMITTEE STRONGLY RECOMMENDS:**

- [ ] Department be inducted at status of DRS - I from _____ to _____
- [ ] Department be upgraded to status of _____ from _____ to _____
- [ ] Department may continue at status of _____ from _____ to _____
- [ ] Department be discontinued / not recommended.

**Signatures and Names of Expert Committee Members:**

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

VENUE : UGC OFFICE
DATE : 01.06.2015

To be filled by representatives of university department:

NAME OF DEPARTMENT
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH)
NAME AND ADDRESS OF UNIVERSITY
PRESENT FACULTY STRENGTH (Total)
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) K.C. VASHISHTHA Kshama Pandey
   (Head K.C. VASHISHTHA) (Prof. Nandita Sabhangi)

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
   [ ]
   [ ]
   [ ]
   [ ]

(Signatures and Names of Expert Committee Members):

Prof. (Dr.) Renu Nanda
(Prof. H.C. Palaniyan)
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)
VENUE : UGC OFFICE DATE : 01-06-2015 S.NO.: 13

To be filled by representatives of university department:

NAME OF DEPARTMENT : Department of Education and Training
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : desangetnamu@gmail.com
NAME AND ADDRESS OF UNIVERSITY : Jadavpur University, Kolkata, West Bengal - 700 032
PRESENT FACULTY STRENGTH (Total) : 88 No. OF PROFESSORS : 07
2(F) STATUS (Y/N) : ______ 12 (B) STATUS (Y/N) : ______ SELF FINANCED DEPTT. (Y/N) : - NC -

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

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSS 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. [ ]

(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 : 1 - 6 - 2015
S.NO. : 14

To be filled by representatives of university department:

NAME OF DEPARTMENT : DEPARTMENT OF EDUCATION (CASE)
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : FACULTY OF EDUCATION & PSYCHOLOGY
NAME AND ADDRESS OF UNIVERSITY : THE M.S. UNIVERSITY OF BARODA
PRESENT FACULTY STRENGTH (Total) : 21
No. OF PROFESSORS : 11
2(F) STATUS (Y/N) : Y
SELF FINANCED DEPTT. (Y/N) : N
12 (B) STATUS (Y/N) : Y
PRESENT TENURE: FROM 01-04-2010 TO 31-03-2015
PRESEN T PHASE: _______ PRESENT FILE-NO. : _______

(Signatures and Names of University Representatives):
1) ____________ Prof. S.C. Panigrahi - Co-ordinator
2) ____________

To be filled by Expert Committee (RECOMMENDATIONS):

THRU ST AREA(s) : 1. Teacher Education
2. Educational Technology
3. Education of Disadvantaged Groups

NAME OF CO-ORDINATOR : ____________ Prof. S.C. Panigrahi
NAME OF DEPUTY COORDINATOR : ____________ Prof. B.S. Mehta

FINANCIAL RECOMMENDATIONS : NON-RECURRING = 25.0 lakhs
RECURRING = 39.0 lakhs
NO. OF PROJECT FELLOW(s) = 2 (Actual)
TOTAL = 64.0 lakhs + 2 PF (Actual)

NAME OF ADVISORY COMMITTEE MEMBERS :
1) Prof. S.K. Singh, B.H.U Varanasi
2) Prof. G.C. Warkhide, Tiss Mumbai

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 CAS 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: 1-06-2015

S.NO.: 15

To be filled by representatives of university department:

NAME OF DEPARTMENT: DEPARTMENT OF ENGLISH

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

NAME AND ADDRESS OF UNIVERSITY: S·V·UNIVERSITY, TRIVI.uni

PRESENT FACULTY STRENGTH (Total): 6

No. OF PROFESSORS: 2

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

12 (F) 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) M. NARENDR.A

2) 

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s): 

NAME OF CO-ORDINATOR: 

NAME OF DEPUTY COORDINATOR: 

FINANCIAL RECOMMENDATIONS: NON-RECURRENT = 

RECURRENT = 

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 [X] 

[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):

[Signatures]

(P.R. M. Aslamuddin)
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE: UGC OFFICE DATE: 1-6-2015 S.NO.: 2

To be filled by representatives of university department:

NAME OF DEPARTMENT: ENGLISH, UNIV. OF HYDERABAD
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): doesh@uohyd.ac.in, 09133990050
NAME AND ADDRESS OF UNIVERSITY: UNIV. OF HYDERABAD, GACHIBOWLI, HYDERABAD
PRESENT FACULTY STRENGTH (Total): 9
No. OF PROFESSORS: 3
2(F) STATUS (Y/N): Y
12 (B) STATUS (Y/N): Y SELF FINANCED DEPTT. (Y/N): N
PRESENT TENURE: FROM 2010 TO 2015
PRESENT PHASE: ASA 2
PRESENT FILE NO.: __________

(Signatures and Names of University Representatives):
1) ____________________________ 2) ____________________________
(PRAMOD K. NAYAR) ____________

To be filled by Expert Committee (RECOMMENDATIONS):

THRUST AREA(s): ENGLISH IN INDIA:
VARIANTS & CONTEMPORARY DEVELOPMENTS

NAME OF CO-ORDINATOR: PROF. PRAMOD K. NAYAR
NAME OF DEPUTY COORDINATOR: PROF. ANNA KURIAN
FINANCIAL RECOMMENDATIONS:
NON-RECURRING = Rs. 50.00 Lakhs
RECURRING = Rs. 70.00 Lakhs
NO. OF PROJECT FELLOW(S) = 1 (One)
TOTAL = Rs. 120.00 Lakhs + IF applicable

NAME OF ADVISORY COMMITTEE MEMBERS:
PROF. G. J. V. PEASAB, CES, JNU
PROF. RAJ KUMAR, Dept. of English, DU

THE COMMITTEE STRONGLY RECOMMENDS:

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

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

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

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

(Signatures and Names of Expert Committee Members):
_____________________________ ____________________________
(PRAMOD K. NAYAR) ( ) ( )
UNIVERSITY GRANTS COMMISSION

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

VENUE : UGC OFFICE
DATE : 1/6/2015
S.NO. : 17

To be filled by representatives of university department:

NAME OF DEPARTMENT : ENGLISH

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : hod@english.jdvu.ac.in/profalal@gmail.com
033-2414-6681/2413-7963

NAME AND ADDRESS OF UNIVERSITY : Jadavpur University
Kolkata 700032

PRESENT FACULTY STRENGTH (Total) : 25 (VACANT 7) No. OF PROFESSORS: 4

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

PRESENT TENURE: FROM 2010 TO 2015 PRESENT PHASE: CAS II PRESENT FILE-NO. FC-9/2010
(SAP-III)

(Signatures and Names of University Representatives):
1) Ananda Lal (ANANDA LAL)

2) Nilanjana Gupta (NILANJANA GUPTA)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s) : CULTURAL TRANSACTIONS

NAME OF CO-ORDINATOR : PROF. NILANJANA GUPTA

NAME OF DEPUTY CO-ORDINATOR : DR. SANTANU BISWAS

FINANCIAL RECOMMENDATIONS : NON-RECURRING = Rs. 65,000 lakhs
RECURRING = Rs. 72,000 lakhs
NO. OF PROJECT FELLOW(S) = 2 (Two)
TOTAL = Rs. 128,000 lakhs + 2 Project fellows per annum

NAME OF ADVISORY COMMITTEE MEMBERS :
PROF. SUMANYU SATPATHY
PROF. AKSHAYA KUMAR

THE COMMITTEE STRONGLY RECOMMENDS :

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

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

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

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

(Signatures and Names of Expert Committee Members):

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

VENUE : UGC OFFICE
DATE : 04.06.2015
S.NO. : 18

NAME OF DEPARTMENT : Postgraduate Department of Gujarati
CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH) : Gujpsu@gmail.com (02692) 66833
NAME AND ADDRESS OF UNIVERSITY : Sardar Patel Univ. Vallabh Vidya Nagar
PRESENT FACULTY STRENGTH (Total) : 6
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 2015-16 TO 2019-20 PRESENT PHASE : 1 PRESENT FILE-NO. : ____________

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

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s) : Arena, Research, Skill Development, Documentation, Digitization of soumak Research.

NAME OF CO-ORDINATOR : Prof. Prajkti Pandya
NAME OF DEPUTY CO-ORDINATOR : Prof. Pavam Patel
FINANCIAL RECOMMENDATIONS :
NON-RECURRING = 5 Lakh
RECURRING = 20 Lakh
NO. OF PROJECT FELLOW(s) = 1 (Actual)
TOTAL = Rs. 25 Lakh + 1 P.F (Actual)

NAME OF ADVISORY COMMITTEE MEMBERS : Dr. Daisukha Dholakia
Dr. Neeta Bhagat

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: Nitin Vadgama] 2015
[Signature]
[Name: Pratibha Shrivastava] 2017
UNIVERSITY GRANTS COMMISSION
RECOMMENDATIONS OF THE EXPERT COMMITTEE FOR FRESH INDUCTION / REVIEW
(SUBJECT TO APPROVAL OF THE COMMISSION)

VENUE : UGC OFFICE
DATE : 04/06/2016
S.NO.: 19

NAME OF DEPARTMENT: GUJARATI

CONTACT DETAILS OF DEPARTMENT (E-MAIL & PH): jagdishg@gmail.com
+919828321691

NAME AND ADDRESS OF UNIVERSITY: Noer Narmad South Gujarat Uni
Surasat

PRESENT FACULTY STRENGTH (Total): 06
No. OF PROFESSORS: 01

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

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

(Signatures and Names of University Representatives):
1) ______________ 2) ______________
(Dr. Naresh Shukla)

To be filled by Expert Committee (RECOMMENDATIONS):

THRUSTR AREA(s): The depiction of Decayed Temples of
Gujarat in Literature, Culture and History;

NAME OF CO-ORDINATOR: Prof. Naresh Shukla

NAME OF DEPUTY CO-ORDINATOR: Prof. Jashu G. Patel

FINANCIAL RECOMMENDATIONS:
NON-RECURRING = 10, Lakh
RECURRING = 22, Lakh
NO. OF PROJECT FELLOW(s) = 01
TOTAL = Rs. 32 Lakh + LF (Actual)

NAME OF ADVISORY COMMITTEE MEMBERS:
1. Prof. Ramjibhai Savaliya
2. Prof. Jitendra Shah

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):

Nitin Yadav
Nitin Yadav
Kirtida Shukla
Kirtida Shukla
Makendrasingh
Parvati