

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm and D. Pharm

(To be filled and submitted to PCI by an organization seeking approval of the course / continuation of the approval)

(SIF-C)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

**NAME OF THE INSPECTORS:
(BLOCK LETTERS)**

1.

2.

PART – I

A- GENERAL INFORMATION

A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	SANSKRITI UNIVERSITY (INSTITUTE OF PHARMACEUTICAL SCIENCE) 28-KM Stone, Mathura Delhi Highway Chhata, Mathura (U.P) 0565 +917500183300 info@sanskriti.edu.in
Year of Establishment	2018-19
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	University Documents of the University & Parent Society are enclosed as Annexure - 1
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Sanskriti Society for Education Research & Development 1-B, L.S.C, Naraina Industrial Area, Phase-II, New Delhi +917500183300 info@sanskriti.edu.in Sanskriti.edu.in

Signature of the Head of the Institution

Signature of the Inspectors

A – I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Mr. Pooran Singh (Registrar) 28-KM Stone, Mathura Delhi Highway, Chhata, Mathura (0565) +919359688846 reg@sanskriti.edu.in
A – I.4 Name and Address of the Head of the Institution Mobile No.	New Institution
A-I.4 (a) Whether the Jan Aushdhi Medical Store has been opened by your institution	APPLIED

A – I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFILIATION FEE PAID

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
D. Pharm	Pharmacy Council of India			
B. Pharm	Pharmacy Council of India			

b. APPROVAL STATUS

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	AICTE	STATE GOVT	UNIV.	Remarks of the Inspectors
B. Pharm	New Institute	Approval Letter No. and Date			N.A.	N.A.	
		Approved Intake					
		Actually Admitted					
Name of the Course	Approved up to	Intake Approved and Admitted	PCI	AICTE	STATE GOVT	Board	Remarks of the Inspectors
D. Pharm	New Institute	Approval Letter No and Date			N.A.	N.A.	
		Approved Intake					
		Actually Admitted					

Signature of the Head of the Institution

Signature of the Inspectors

c. STATUS OF APPLICATION

Course	Extension of Approval	Increase in Intake of Seats	Remarks	
			Current Intake	Proposed increase in Intake
D. Pharm.				
B. Pharm.				

Note: Enclose relevant documents

A –I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If yes, give status

Yes

No

A – I. 6 a**Status of the Pharmacy Course:**

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

Examining Authority: With complete postal, Address, Telephone No. and STD Code.

1. For Diploma Course: Sanskriti University
28-KM Stone, Mathura Delhi Highway, Chhata, Mathura(U.P)
info@sanskriti.edu.in
Ph. No.: +917500183300

1. For Degree Course: Sanskriti University
28-KM Stone, Mathura Delhi Highway, Chhata, Mathura(U.P)
info@sanskriti.edu.in
Ph. No.: +917500183300

Signature of the Head of the Institution

Signature of the Inspectors

B - Details of the Institution

B –I .1 Name of the Principal			N.A		
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual Experience	Remarks of Inspectors
	M. Pharm.	M. Pharm.	15 Years, out of which 5 years as Prof./ HOD		
	Ph.D.	Ph.D.	10 Years, out of which at least 05 years as Asst. Prof.		

* (Copy of document related to Principal is enclosed as Annexure-2)

B-I.2 For Institutions seeking continuation of Affiliation: Not Applicable

Course	Date of Last Inspection	Remarks of The previous Inspection Report	Complied/Not Complied	Intake Reduced/Stopped in the last 03 years*

B –I .3

Status of Governing Council:	University
Details of the Governing Body	
Minutes of the last Governing council Meeting	

B –I .4**Pay Scales:**

Staff	Scale of pay	PF	Gratuity	Pension Benefit	Remarks of the Inspectors
Teaching Staff	AICTE Yes	Yes	Yes	-----	
Non- Teaching Staff	State Government Yes	Yes	Yes	-----	

Signature of the Head of the Institution

Signature of the Inspectors

B –I .5**D. Pharm Course: New Institute**

ACADEMIC YEAR	Year 20	Year 20	Year 20
Sanctioned			
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

B –I .6**Academic information: Percentage of D. Pharm results for the past three years: New Institute**

ACADEMIC YEAR	20	20
D. Pharm 1st year		
D. Pharm 2nd year		

B –I .7**B. Pharm Course: Admission statement for the past three years: New Institute**

ACADEMIC YEAR	Year 20	Year 20	Year 20
Sanctioned			
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

B –I .8**Academic information: Percentage of UG results for the past three years based on University Calendar: New Institute**

ACADEMIC YEAR	Year 20		Year 20		Year 20		Year 20	
	Odd Sem	Even Sem	Odd Sem	Even Sem	Odd Sem	Even Sem	Odd Sem	Even Sem
1 st Year								
2 nd Year								
3 rd Year								
Final Year								
Pass % (Final Year)								

Signature of the Head of the Institution

Signature of the Inspectors

B – II**Co – Curricular Activities / Sports Activities**

Whether college has NSS Unit (Yes/No)? If no give reasons	
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	
Physical Instructor	
Sports Ground	

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C .1 Resources and funding agencies (give complete list)

C .2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount In Lakhs	Sl. No.	Particulars	Amount In Lakhs	
1.	Grants a. Government b. Others		CAPITAL EXPENDITURE			
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others	-	1	Salary		
7.	University Exam Fee		2.	MAINTENANCE EXPENDITURE		
			i	College		
			ii	Others		
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee	-	
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc.Expenditure		
Total			Total			

(Copy of Audited Financial Statement last three years of Institute is enclosed as **Annexure-3**)

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (D. Pharm. / B. Pharm. courses) : Available
 - a) 2.5 acres District HQ/Corporation/Municipality limit
 - b) 0.5 acre for City / Metros
- b. Building : Own
- c. Land Details to be in the name of Trust and Society
 - i) Own – Records to be enclosed
Sale deed (Copy of sale Deed is enclosed as **Annexure-04**)
- d. Building:
 - i) Approved Building plan, be enclosed) :

(Copy of building plan in enclosed as **Annexure-05**)

e. Total Built Area of the college building in Sq.mts : Built up Area

3546

Amenities and Circulation Area

2000

2. Class rooms:

Total Number of Class rooms provided for both D. Pharm and B. Pharm

Class	Required	Available Numbers	Required Area* for each Class Room	Available Area in Sq. mts	Remarks of the Inspec tors
D. Pharm	02	02	90 Sq. mts each	180	
B. Pharm	04	04	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	360	

(* To accommodate 60 students)

Signature of the Head of the Institution

Signature of the Inspectors

3. Laboratory requirement for both D. Pharm and B. Pharm

Sl.	Infrastructure for	Requirement as per Norms	Available in Sq mts	Remarks/Deficiency
1	Laboratory Area for B. Pharm Course (10 Labs) Laboratory area for D. Pharm Course (03 Labs)	90 Sq .mts x n (n=10) - Including Preparation room – Desirable 75 Sq. mts - Essential	10 03	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm and D.Pharm Course	03 Laboratories 03 Laboratories 01 Laboratory 03 Laboratories 02 Laboratories 01 Laboratory 13 Laboratories *	Available As per norms (with Aseptic Room) 13	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (Minimum)	Available in Each lab or in some Labs shared by two labs	
4	Area of the Machine Room	80-100 Sq.mts	85	
5	Central Instrument Room	80 Sq.mts with A/ C	85	
6	Store Room – I	1 (Area 100 Sq mts)	100	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20	

***No. of laboratories required for both D. Pharm and B. Pharm**

The Institution will not be permitted to run the courses in the rented building on or after 31.12.2008.

1. All the laboratories should be well lit & ventilated.
2. All the laboratories should be provided with basic amenities and services like exhaust fans and fume chamber to reduce the pollution where ever necessary.
3. The work benches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water taps should be non-leaking and directly installed on sinks. Drainage should be sufficient.
5. Balance room should be enclosed to the concerned laboratories.

Signature of the Head of the Institution

Signature of the Inspectors

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	1	30	
2	Office – I – Establishment	01	60 Sq. mts	1	60	
3	Office – II – Academics					
4	Confidential Room					

5. Staff Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	4	80	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)	1	166	

6. Museum, Library, Animal House and other Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq. mts			
2	Library	01	150 Sq. mts	01	150.50	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	64.40	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01		
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants		Proposed	

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	60 Sqmts	01	75.25	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	61.00	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	24	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	24	
5	Drinking Water facility – Water cooler (Essential).	01	-	03	---	
6	Boy's Hostel (Desirable)	01	9 Sq mts/ Room Single occupancy		Proposed	
7	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)		Proposed	
8	Power Backup Provision (Desirable)	01		1	15 KV	

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	75.25	
Computer (Latest configuration)	1 system for every 10 students (UG & PG)	20	-----	
Printers	1 printer for every 10 computers	2	-----	
Multi Media Projector	01	1	-----	
Generator (5KVA)	01	01 (15 KV)	-----	

Signature of the Head of the Institution

Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts			-----	
Staff quarters	16 x 80 Sq mts			-----	
Canteen	100 Sq. mts	1	151.12	-----	
Parking Area for staff and students		Sufficient Available		-----	
Bank Extension Counter				-----	
Co operative Stores		01	Adequate	-----	
Guest House	80 Sq. mts			-----	
Seminar Hall			Available	-----	
Transport Facilities for students			Available	-----	
Medical Facility (First Aid)		Available		-----	

10. A. Library books and periodicals

The minimum norms for the initial stock of books yearly addition of the books and the number of journals to be subscribed are as given below:

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	231	1636	
2	Annual addition of books		150 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals	Subscribed		
4	CDS		Adequate Nos	Adequate		
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes (10)		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01		
7	Library Automation and Computerized System			YES		
8	Library Timings : Will be 08.00 am to 06.00 pm					

Signature of the Head of the Institution

Signature of the Inspectors

10. B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	20	200	
2	Pharmaceutical Chemistry – I	25	200	
3	Pharmacognosy	20	200	
4	Biochemistry and Clinical Pathology	20	140	
5	Human Anatomy and Physiology	25	200	
6	Health Education and Community Pharmacy	15	150	
7	Pharmaceutics – II	15	180	
8	Pharmaceutical Chemistry – II	15	150	
9	Pharmacology and Toxicology	25	95	
10	Pharmaceutical Jurisprudence	15	50	
11	Drug Store and Business Management	20	21	
12	Hospital and Clinical Pharmacy	16	50	
TOTAL		231	1636	

10.C. Library Staff:

S. No.	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	1	1	
2	Assistant Librarian	D. Lib	1	1	
3	Library Attenders	10 +2 / PUC	2	2	

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

(Required ratio --- Theory → 60:1 and Practicals → 20:1) If more than 20 students in a batch 2 staff members to be present provided the lab is spacious.

Class	Theory	Practicals	Remarks of the Inspectors
B.Pharm	60:1	20:1	
D.Pharm	60:1	20:1	

2. Scheme of B. Pharm Course:

Annual

☐

Semester

☒

3. Date of Commencement of session/ sessions for B. Pharm. : Semester July -Dec 2018

Commencement	Completion

4. Vacation for B.PHARM:

Summer:

No. of Days

Winter:

No. of Days

5. Total No. of working days for B.PHARM: Semester July-Dec., 2018

101

6. Date of Commencement of session for D.PHARM:

Commencement	Completion

For Session 2017-2018

7. Vacation for D.PHARM:

Summer:

No of Days

Winter:

No of Days

8. Total Number of working days for D.PHARM

207

9. Time Table copy Enclosed:

New Institute

(Tick ✓)

a. B. Pharm course

Yes

☐

No

☐

b. D.Pharm Course

Yes

☐

No

☐

Signature of the Head of the Institution

Signature of the Inspectors

10. Whether the prescribed numbers of classes are being conducted as per university norms: New Institute I B.Pharm:

Subject	No. of Theory Classes		Practicals			Remarks of the Inspector
	Prescribed No. of Hrs	No. of Hrs Conducted	Prescribed No. of Hrs	No. of Hrs Conducted	No. of Classes conducted to fulfill Prescribed No. of Hrs as in Column 5 No. of Classes x Hrs per class	
1	2	3	4	5		

II B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

III B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

IV B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

**11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PHARM:
New Institute**

New Institute							
Class/Subject	Theory		Practicals				Remark of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes Conducted with duration per class	
I D. Pharm							

12. Whether Tutorials are being conducted

NA

(if any, as per university norms)

**13. Number of Guest Lectures / Seminars / Workshops / Symposia / Presentations conducted during
last three year: New Institute**

A.

Name of the Event	Year 2012-13	Year 2013-14	Year 2014-15
Guest Lectures			
Seminars/Symposia			
Workshops			

Signature of the Head of the Institution

Signature of the Inspectors

B. Papers Presented / Published during last three years: NA as New Institute

	Year 2012		Year 2013		Year 2014	
	National	International	National	International	National	International
Published						
Presented						

14. Whether Internal Assessments are conducted periodically as per university / Board norms

Yes

☐

No

☐

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
B.PHARM							
I B. Pharm							
II B. Pharm							
III B. Pharm							
IV B. Pharm							
D.PHARM							
I D. Pharm							
II D. Pharm							

Signature of the Head of the Institution

Signature of the Inspectors

15. Whether Evaluation of the internal assessment is Fair Yes

☒ v

No

☐

Class	No. of Candidates Scored more than 80%		No. of Candidates score between 60-80%		No. of Candidates score between 50-60%		No. of Candidates score less than 50%		Remarks of the Inspectors
	(Sem. II, IV, VI and VIII JAN.-MAY., 2015)								
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B. Pharm. Sem. II (Total Students=54)									
Pharmaceutical Chemistry-II (Organic chemistry-I)									
Pharmaceutics-II (Physical Pharmacy-I)									
Anatomy, Physiology and Pathophysiology-II									
Pharmaceutical Analysis-I									
Pharmaceutics-III (Unit Operation-I)									
Remedial Mathematics/ Biology									

Signature of the Head of the Institution

Signature of the Inspectors

17. Work load of Faculty members for B. Pharm & D. Pharm.: New Institute

Sl. No	Name of the Faculty	Subjects taught	B. Pharm								Total work load	Remarks of the Inspector
			I		II		III		IV			
			Th	Pr	Th	Pr	Th	Pr	Th	Pr		

18. Work load of Faculty members for B. Pharm.: New Institute

19. Workload of Faculty members for D. Pharm: New Institute

20. Percentage of students qualified in GATE in the last Three Years:

New Institute

Details	Year 2013	Year 2014	Year 2015
No. of Students Appeared			
No. of Students Qualified			
Percentage			

21. Whether the Institution has an Industry – Institution Interaction cell

Yes

☐

No

☐

For B. Pharm

If applicable please give the details for the previous Year:

New Institute

Events	Details for the Previous Year
No. of Industrial visits	
Industrial Tour	
Industrial Training	
No. of Resource Persons from the Industry for Guest Lectures	
No. of Collaboration projects with Industry	

22. Percentage of students Placed through the College Placement Cell in the Last Three Years: New Institute

Year	Year 2013	Year 2014	Year 2015
No. of students appeared for campus Interview			
% Placed			

23. Whether Professional Society Activities are Conducted (Enclose Details)

(ISTE, IPA, APTI, ICTA and Related Societies)

No

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

1. Details of Teaching Faculty for D. Pharm and B.Pharm Course to be enclosed in the format mentioned below: Nil

2. Details of Teaching Faculty for B.Pharm Course to be enclosed in the format mentioned below: (faculty is Identified)

S. No.	Name	Designation	Qualification	Date of Joining	Teaching Experience (Yrs.)	State Pharmacy Council Reg. No.	Signature of the faculty	Remarks of the Inspectors
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3. Details of Teaching Faculty for D. Pharm Course to be enclosed in the format mentioned below: (faculty is Identified)

S. No.	Name	Designation	Qualification	Date of Joining	Teaching Experience (Yrs.)	State Pharmacy Council Reg. No.	Signature of the faculty	Remarks of the Inspectors
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4. Qualification and number of Staff Members: New Institute

Qualification						
M. Pharm.	Ph.D.	Others - Full Time	Part Time			
		B. Pharm.	MCA (computer subject)	M.B.A. (management subject)	M.Sc. (Math)	Professional Communication

5. Staff Pattern for B. Pharm courses department wise: Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of the Inspectors of inspection team
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmacology	Professor	1		
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	2		

Signature of the Head of the Institution

Signature of the Inspectors

**6. Teaching Staff required year wise exclusively for B. Pharm. for intake of 60 Students.
Identified for First Year**

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1		1		1		1	1
Pharmaceutical Chemistry	1		2		3		4	4
Pharmaceutical Analysis	1		..		-		1	1
Pharmacology	1		2		3		4	4
Pharmacognosy	1		2		3		3	3
Pharmaceutics	1		2		3		4	4
Total	6		9		13		17	17
Part time teaching Staff	3		-		-		-	4
Remarks of the Inspection Team								

***Part time teaching staff for Mathematics, Biology and Computer Science should be appointed.**

7. Selection criteria and Recruitment Procedure for Faculty:

a.	Whether Recruitment Committee has been formed	Yes
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes
c.	Whether Demonstration Lecture has been conducted	Yes
d.	Whether opinion of Recruitment Committee Recorded	Yes

8.Details of Faculty Retention for:

New
Institute

Name of Faculty Member	Period	Percentage
----	Duration of 15 yrs. And above	---
-----	Duration of 10 yrs. And above	---
	Duration of 5 yrs. And above	
	Less than 5 yrs.	

**9. Details of Faculty Turnover: New
Institute**

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%

Signature of the Head of the Institution

Signature of the Inspectors

10. Number of Non-teaching staff available for D. Pharm and B. Pharm course for intake of 160 students:

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	05	2 D. Pharm, 3 B.Sc.	
2	Laboratory Assistants/ Attenders	1 for each Lab (minimum)	SSLC	11	SSLC	
3	Office Superintendent	1	Degree	1	B.A.	
4	Accountant	1	Degree	1	B.Com.	
5	Store keeper	1	D. Pharm/ Degree	1	B.Sc.	
6	Computer Data Operator	1	BCA / Graduate With Computer Course	1	BCA	
7	First Division Assistant	1	Degree	1	B.A.	
8	Second Division Assistant	2	Degree	2	B.A.	
9.	Peon	2	SSLC	2	SSLC	
10	Cleaning personnel	Adequate	---	4	8 th	
11	Gardener	Adequate	---	2	8 th	

Signature of the Head of the Institution

Signature of the Inspectors

11.Scale of pay for Teaching faculty (to be enclosed):

[illegible]

12. Whether facilities for Research / Higher studies are provided to the faculty?
(Inspectors to verify documents pertaining to the above)

13. Whether faculty members are allowed to attend workshops and seminars?
(Inspectors to verify documents pertaining to the above)

14. Scope for the promotion for faculty: Promotions Yes ☐ No ☐

15. Gratuity Provided Yes ☐ No ☐

16. Details of Non-teaching staff members (list to be enclosed) :

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors

17. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs.	Yes/ No
---	------------

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Registers	NA		
2.	Individual Service Register	Yes		
3.	Staff Attendance Registers	Yes		
4.	Sessional Marks Register	NA		
5.	Final Marks Register	NA		
6.	Student Attendance Registers	NA		
7.	Minutes of meetings- Teaching Staff	Yes		
8.	Fee paid Registers	NA		
9.	Acquittance Registers	Yes		
10.	Accession Register for books and Journals in Library	Yes		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	Yes		
12.	Job Cards for laboratories	NA		
13.	Standard Operating Procedures (SOP's) for Equipment	Yes		
14.	Laboratory Manuals	Yes		
15.	Stock Register for Equipment	Yes		
16.	Animal House Records as per CPCSEA	No		

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

1. Financial Resource allocation and utilization for the past three years:

(Copy of Audited Financial Statement of the Institute is enclosed as Annexure- 3)

Sl	Expenditure in Rs. (2012-13)			Expenditure in Rs. (2013-14)			Expenditure in Rs (2014-15)			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget Sanctio ned	Recurring	Non Returning	
1										

#- The Institute of run by a Financially sound Society, as & When fund is required, it is immediately sanctioned.

2. Total amount spent on chemicals and glassware for the past three years:

Sl	Expenditure in Rs. (2012-13)			Expenditure in Rs. (2013-14)			Expenditure in Rs (2014-15)			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Chemicals			Chemicals			Chemicals			
2	Glassware			Glassware			Glassware			

#- The Institute of run by a Financially sound Society, as & When fund is required, it is immediately sanctioned.

3. Total amount spent on equipments for the past three years:

SI	Expenditure in Rs. (2012-13)			Expenditure in Rs. (2013-14)			Expenditure in Rs. (2014-15)			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Equipment			Equipment			Equipment			

#- The Institute of run by a Financially sound Society, as & When fund is required, it is immediately sanctioned.

4. Total amount spent on Books and Journals for the past three years:

SI No.	Expenditure in Rs. (2012-13)			Expenditure in Rs. (2013-14)			Expenditure in Rs. (2014-15)			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books			Books			Books			
2	Journals			Journals			Journals			

#- The Institute of run by a Financially sound Society, as & When fund is required, it is immediately sanctioned.

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

Note: Inspectors are requested to note that items which are marked with an asterisk (*) are common for both B.Pharm and D. Pharm. I --Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	07	07	Yes	
2	Conical Percolator	05	11	Yes	
3	Tincture Press	01	02	Yes	
4	Hand Grinding Mill	01	02	Yes	
5	Disintegrator*	01	01	Yes	
6	Ball mill*	01	01	Yes	
7	Hand operated Tablet machine	01	02	Yes	
8	Tablet Coating Pan unit with hot air blower laboratory size*	01	01	Yes	
9	Polishing pan laboratory size	01	01	Yes	
10	Monsanto's hardness tester	01	01	Yes	
11	Pfizer type hardness tester	01	01	Yes	
12	Tablet disintegration test apparatus IP*	01	05	Yes	
13	Tablet dissolution test apparatus IP*	01	02	Yes	
14	Granulating sieve set	10	10	Yes	
15	Tablet counter – small size	05	05	Yes	
16	Friability tester*	01	01	Yes	
17	Collapsible tube – Filling and sealing equipment*	01	01	Yes	
18	Capsule filling machine – Lab size*	01	02	Yes	
19	Digital balance*	01	01	Yes	
20	Distillation unit for distilled water	02	02	Yes	
21	Deionisation unit	01	01	Yes	
22	Glass distillation unit for water for injection	01	01	Yes	
23	Ampoule washing machine	01	01	Yes	
24	Ampoule filling and sealing machine*	01	01	Yes	
25	Sintered glass filters for bacteria proof filtration (four different grades)	Adequate	Adequate	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

26	Millipore filter (3 grades)	Adequate	Adequate		
27	Autoclave*	01	01	Yes	
28	Hot air sterilizer	01	01	Yes	
29	Incubator	01	01	Yes	
30	Aseptic cabinet	01	01	Yes	
31	Ampoule clarity test equipment*	01	01	Yes	
32	Blender	01	05	Yes	
33	Sieves set (Pharmacopoeial standard)*	02	02	Yes	
34	Lab Centrifuge	01	01	Yes	
35	Ointment slab	Adequate	Adequate	Yes	
36	Ointment spatula	Adequate	Adequate	Yes	
37	Pestle and mortar porcelain	Adequate	Adequate	Yes	
38	Pestle and mortar glass	Adequate	Adequate	Yes	
39	Suppository moulds of three sizes	Adequate	Adequate	Yes	
40	Refrigerator	01	01	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Refractometer	01	01	Yes	
2	Polarimeter	01	01	Yes	
3	Photoelectric colorimeter	01	01	Yes	
4	Ph meter*	01	01	Yes	
5	Atomic model set*	02	02	Yes	
6	Electronic balance*	01	01	Yes	
7	Periodic table chart*	Adequate	Adequate		

NOTE: Adequate number of glass ware commonly used in the laboratory should be provided in each laboratory and department.

Signature of the Head of the Institution

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY**Equipment:**

Sl.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	25	Yes	
2	Haemocytometer*	10	20	Yes	
3	Student's organ bath	01	02	Yes	
4	Sherington's rotating drum*	01	01	Yes	
5	Frog board	Adequate	Adequate		
6	Tray (dissecting)	Adequate	Adequate		
7	Frontal writing lever*	Adequate	Adequate		
8	Aeration tube*	Adequate	Adequate		
9	Telethermometer	01	01	Yes	
10	Pole climbing apparatus*	01	01	Yes	
11	Histamine chamber	01	01	Yes	
12	Simple lever*	Adequate	Adequate		
13	Sterling heart lever*	Adequate	Adequate		
14	Aerator*	Adequate	Adequate	Yes	
15	Histological Slides	Adequate	Adequate		
16	Sphygmomanometer* (B.P. apparatus)	05	10	Yes	
17	Stethoscope*	05	10	Yes	
18	First aid equipment	Adequate	Adequate		
19	Contraceptive device*	Adequate	Adequate		
20	Dissecting (surgical) instruments	Adequate	Adequate		
21	Balance for weighing small Animals	01	02	Yes	
22	Kymograph paper	Adequate	Adequate		
23	Actophotometer*	01	01	Yes	
24	Analgesiometer*	01	01	Yes	
25	Thermometer	Adequate	Adequate	Yes	
26	Plastic animal cage	Adequate	Adequate		
27	Double unit organ bath with thermostat	01	01	Yes	
28	Refrigerator	01	01	Yes	
29	Digital balance	01	01	Yes	
30	Charts	Adequate	Adequate		
31	Human skeleton*	01	01		

Signature of the Head of the Institution

Signature of the Inspectors

32	Anatomical specimen (Heart, brain, eye,,ear,,reproductive system etc.,)*	01 set	01 set		
33	Electro-convulsimeter*	01	01	Yes	
34	Stop watch	Adequate	Adequate	Yes	
35	Clamp, boss heads, screw clips*	Adequate	Adequate		
36	Syme's Cannula*	Adequate	Adequate		

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department. and department.

PHARMCOGNOSY LABORATORY

Equipment:

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Projection Microscope	01	01	Yes	
2	Charts (different types)	Adequate	Adequate		
3	Models (different types)	Adequate	Adequate		
4	Permanent Slides	Adequate	Adequate		
5	Slides and Cover Slips	Adequate	Adequate		

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

PHARMACY PRACTICE LABORATORY

Equipment:

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	2	Yes	
2	Microscope	Adequate	Adequate	Yes	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	Adequate		
4	Watch glass	Adequate	Adequate		
5	Centrifuge	1	1	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Adequate		
7	Filtration equipment	2	3	Yes	
8	Filling Machine	1	1	Yes	
9	Sealing Machine	1	1	Yes	

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Signature of the Inspectors

10	Autoclave sterilizer	1	1	Yes	
11	Membrane filter	1 Unit	1 Unit	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	Adequate		
13	Small disposable membrane filter for IV admixture filtration	Adequate	Adequate		
14	Laminar air flow bench	1	1	Yes	
15	Vacuum pump	1	1	Yes	
16	Oven	1	1	Yes	
17	Surgical dressing	Adequate	Adequate		
18	Incubator	1	1	Yes	
19	PH meter	1	1	Yes	
20	Disintegration test apparatus	1	1	Yes	
21	Hardness tester	1	1	Yes	
22	Centrifuge	1	1	Yes	
23	Magnetic stirrer	1	3	Yes	
24	Thermostatic bath	1	3	Yes	

NOTE: Adequate number of glass ware commonly used in the laboratory should be provided in each laboratory and the department.

Museum: Every Institution shall maintain a museum of crude drugs, herbarium sheets, botanical specimens of the drugs, and plants, mentioned in the course in addition the following are recommended.

- 1. Colored slides of medicine plants.**
- 2. Display of popular patent medicines, and**
- 3. Containers of common usage in medicines.**

Signature of the Head of the Institution

Signature of the Inspectors

II Department wise List of Minimum equipments required for B. Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes*	15	16	Yes	
2	Haemocytometer with Micropipettes*	20	28	Yes	
3	Sahli's haemocytometer	20	30	Yes	
4	Hutchinson's spirometer	01	04	Yes	
5	Spygmomanometer*	5	10	Yes	
6	Stethoscope*	5	10	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	One pair of each tissue Organs and endocrine glands One slide of each organ system		
8	Models for various organs	One model of each organ system	One model of each organ system		
9	Specimen for various organs and systems*	One model for each organ system	One model for each organ system		
10	Skeleton and bones*	One set of skeleton and one spare bone	One set of skeleton and one spare bone		
11	Different Contraceptive Devices and Models*	One set of each device	One set of each device		
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	01	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	01	Yes	
16	Centrifuge	01	01	Yes	
17	Electronic Balance	01	03	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	20	Yes	
20	Sherrington Drum*	10	10	Yes	
21	Perspex bath assembly (single unit)	10	20	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

22	Aerators*	10	20	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	04	Yes	
25	Standard graphs of various drugs	Adequate number	Adequate number		
26	Actophotometer*	01	01	Yes	
27	Rotarod	01	01	Yes	
28	Pole climbing apparatus*	01	01	Yes	
29	Analgesimeter (Eddy's hot plate and radiant heat methods)*	01	01	Yes	
30	Convulsimeter*	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60		
2	Dissection Tray and Boards*	10	12		
3	Haemostatic artery forceps	10	10		
4	Hypodermic syringes and needles of size 15,24,26G	10	10 each		
5	Levers, cannulae*	20	20		

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	16	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	
5	B.O.D. incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	

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Signature of the Inspectors

10	Digital pH meter	01	01	Yes	
11	Microscope with stage and oil immersion objective	20	21	Yes Yes	
12	Sterility testing unit	01	01	Yes	
13	Camera Lucida	15	18	Yes	
14	Eye piece micrometer	15	18	Yes	
15	Stage micrometer	20	21	Yes	
16	Incinerator	01	01	Yes	
17	Moisture balance	01	01	Yes	
18	Heating mantle	15	16	Yes	
19	Flourimeter	01	01	Yes	
20	Vacuum pump	02	02	Yes	
21	Micropipettes (Single and multi channeled)	02	02 each	Yes Yes	
22	Micro Centrifuge	01	01	Yes	
23	Projection Microscope	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	20	Yes	
2	Water bath	20	20	Yes	
3	Clavengers apparatus	10	10	Yes	
4	Soxhlet apparatus	10	10	Yes	
5	TLC chamber and sprayer	10	12	Yes	
6	Distillation unit	01	01	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	
4	Analytical Balances for demonstration	05	05	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

5	Digital balance 10mg sensitivity	10	10	Yes	
6	Suction pumps	06	06	Yes	
7	Muffle Furnace	01	01	Yes	
8	Mechanical Stirrers	10	10	Yes	
9	Magnetic Stirrers with Thermostat	10	10	Yes	
10	Vacuum Pump	01	01	Yes	
11	Digital pH meter	01	01	Yes	
12	Microwave Oven	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	40	40	Yes	
5	Arsenic Limit Test Apparatus	20	20	Yes	
6	Nessler's Cylinders	40	40	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Homogenizer	05	05	Yes	
2	Digital balance (10 mg sensitivity)	05	05	Yes	
3	Microscopes	05	06	Yes	
4	Stage and eye piece micrometers	05	10+10	Yes	
5	Brookfield's viscometer	01	01	Yes	
6	Ball mill*	01	01	Yes	
7	Sieve shaker with sieve set*	01	01	Yes	
8	Double cone blender	01	01	Yes	
9	Propeller type mechanical agitator	05	05	Yes	
10	Autoclave*	01	01	Yes	
11	Steam distillation still	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

12	Vacuum Pump*	01	01	Yes	
13	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 sets each		
14	Tablet punching machine	01	02	Yes	
15	Capsule filling machine*	01	02	Yes	
16	Ampoule washing machine*	01	01	Yes	
17	Ampoule filling and sealing machine*	01	01	Yes	
18	Tablet disintegration test apparatus IP	01	04	Yes	
19	Tablet dissolution test apparatus IP	01	01	Yes	
20	Monsanto's hardness tester	01	05	Yes	
21	Pfizer type hardness tester	01	05	Yes	
22	Friability test apparatus*	01	02	Yes	
23	Clarity test apparatus	01	01	Yes	
24	Ointment filling machine*	01	01	Yes	
25	Collapsible Tube Crimping Machine*	01	01	Yes	
26	Tablet coating pan*	01	02	Yes	
27	Magnetic stirrer, 500ml and 1 liter capacity*, with variable speed control.	10	5 each 10	Yes	
28	Digital pH meter	02	02	Yes	
29	All purpose equipment with all accessories	01	02	Yes	
30	Aseptic Cabinet	01	01	Yes	
31	BOD Incubator	02	02	Yes	
32	Bottle washing Machine	01	01	Yes	
33	Bottle Sealing Machine	01	01	Yes	
34	Bulk Density Apparatus	02	02	Yes	
35	Conical Percolator (glass/ copper/ stainless steel)	10	10 each		
36	Capsule Counter	02	02	Yes	
37	Energy meter	02	02	Yes	
38	Hot Plate	02	02	Yes	
39	Humidity Control Oven	01	01	Yes	
40	Liquid Filling Machine	01	01	Yes	
41	Mechanical stirrer with speed regulator	02	02	Yes	
42	Precision Melting point Apparatus	01	01	Yes	
43	Tray Drier	01	01	Yes	
44	Distillation Unit	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	20	Yes	
2	Stalagmometer	15	20	Yes	
3	Desiccator*	05	05		
4	Suppository moulds	20	20		
5	Buchner Funnels Small, medium, large	05 each	05 each		
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	05	Yes	
8	Andreason's Pipette	03	03	Yes	
9	Lipstick moulds	10	10	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department. PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	As per the University B. Pharm. Syllabus no practical in BIOTECHNOLOGY	
2	Lyophilizer (Desirable)	01	01		
3	Gel Electrophoresis (Vertical and Horizontal)	01	01		
4	Phase contrast/Trinocular Microscope	01	01		
5	Refrigerated Centrifuge	01	01		
6	Fermenters of different capacity (Desirable)	01	01		
7	Tissue culture station	01	01		
8	Laminar airflow unit	01	01		
9	Diagnostic kits to identify infectious agents	01	01		
10	Rheometer	01	01		
11	Viscometer	01	01		
12	Micropipettes (single and multi channeled)	01 each	01 each		
13	Sonicator	01	01		
14	Respinometer	01	01		
15	BOD Incubator	01	01		

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Signature of the Inspectors

16	Paper Electrophoresis Unit	01	01	Yes	
17	Micro Centrifuge	01	01	Yes	
18	Incubator water bath	01	01	Yes	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Fluorimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	01	Yes	
7	Flame Photometer	01	01	Yes	
8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	--		
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01	--		
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	--		
14	Biochemistry Analyzer (Desirable)	01	--		
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	--		
16	Deep Freezer (Desirable)	01	--		
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01	--		

*** Items marked with asterisk are common for B.Pharm and D. Pharm**

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

- 1. The Inspection Team is instructed to physically verify the details and records filled up by the college in the application form submitted by the college, which is with you now and record the observations, opinions and recommendations in clear and explicit terms.**
- 2. The team is requested to record their comments only after physical verification of records and details.**

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Photograph

Date of Birth & Age

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm				
M.Pharm				
(Ph.D.)/others				

Copies of Registration Certificate and University degree/PG/Ph.D. be attached.

Present Designation : _____

Department : _____

College : _____

City : _____

Nature of appointment : Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belongs to : O.G./SC/ST/OBC/Ex-service/Others

Contd. on page 2

Permanent Residential

Address of employee : _____

Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.

STD Code

Phone No.

Phone & Fax Number
with Code

Office : _____

Residence : _____

E-mail address : _____

Date of joining present institution : _____ as _____
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Professor				
Principal				

- 1) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (**relieving order is enclosed from the previous institution**).
- 2) I, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

3) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2015		
May, 2015		
June, 2015		
July, 2015		
August, 2015		
September, 2015		
October, 2015		
November, 2015		
December, 2015		
January, 2016		
February, 2016		
March, 2016		

(Copy of my form 16 (TDS certificate) for last financial year is attached)

P.A.N. : _____ Circle : _____

Declaration

- I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2012-2013.
- It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date : _____ Place: _____

Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/
Principal in respect of Teaching Staff

Date : _____ Place : _____