**PHARMACY COUNCIL OF INDIA**

**Standard Inspection Format (S.I.F) for institutions conducting B. Pharm for 100 admns.**

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

**(SIF-B-1)**

***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: 1.**

**(BLOCK LETTERS)**

**2.**

**PART – I**

**A - GENERAL INFORMATION**

|  |  |
| --- | --- |
| **A – I .1**  Name of the Institution:  Complete Postal address:  STD code  Telephone No.  Fax No.  E-mail | **Hyderabad Karnataka Education Society’s Matoshree**  **Taradevi Rampure Institute of Pharmaceutical Sciences,**  **Kalaburagi-585105**  Mahadevappa Rampure Marg,Sedam Road,Kalaburagi-585105  0872  221392  244662  hkescop1111@rediffmail.com |
| Year of starting of the course | 1983 |
| Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of  Society/Trust) | Private **ENCLOSURE-1** |
| **A – I .2**  Name, address of the Society/Trust/ Management (attach documentary evidence)  STD Code:  Telephone No:  Fax No:  E-mail :  Web Site: | Hyderabad Karnataka Education Society,Kalaburagi  S.A.C.Building,PDA Engg.College Campus,Aiwan-E-Shahi,KALABURAGI-585102(KARNATAKA)  08372  220337  221532  [ao@hkesociety.org](mailto:ao@hkesociety.org)  www.pharmacy.hkesociety.org |
| 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 | Dr S Appala Raju,  Principal, H.K.E.S's Matoshree Taradevi Rampure  Institute of Pharmaceutical Sciences, Sedam Road, Gulbarga - 585105  0872  221392  221392  9844439453  244662  saraju\_s@rediffmail.com |
| A-I.4  Name and Address of the Head of the Institution | Dr S Appala Raju  H.K.E.S's Matoshree Taradevi Rampure Institute of Pharmaceutical Sciences, Sedam Road, Gulbarga - 585105 |

**Signature of the Head of the Institution** **Signature of the Inspectors**

1

**A –I . 5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**. Details of Affiliation Fee Paid ENCLOSURE-2**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Course** | | | **Affiliation Fee paid** | |  | **Receipt No** |  | **Dated** | **Remarks of the** |
|  |  |  | **up to** |  |  |  |  |  | **Inspectors** |
| B. Pharm |  |  | 2016-2017 |  |  | 388415 |  | 08/07/2016 |  |
| **b. APPROVAL STATUS:**  **ENCLOSURE-3** | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |
| **Name of** | **Approved** |  | **In take** | **PCI** |  | **STATE** | **UNIVERSITY** | | **Remarks of the** |
| **the** | **up to** |  | **Approved and** |  |  | **GOVERNMENT** |  |  | **Inspectors** |
| **Course** |  |  | **Admitted** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| B. Pharm | 2016-2017 |  | **Approval Letter** | 17-1-2014-PCI/19558-727,Dated:9/7/14 |  | DAT23/08/1983 |  | ACA/PH-37/1015-16 |  |
|  |  |  | **No and Date** |  |  |  |  |  |  |
|  |  |  | **Approved Intake** | 60 |  | 60 |  | 60 |  |
|  |  |  | **Actually** | 60 |  |  |  | 60 |  |
|  |  |  | **Admitted** |  |  | 60 |  |  |  |

**c. STATUS OF APPLICATION**

**COURSES INSPECTED FOR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Faculty /** | **Extension of Approval** | | **Increase in Intake of Seats** | | **Remarks** | |
| **Subject** |  |  |  |  | **Current Intake** | **Proposed increase** |
|  |  |  |  |  |  | **in Intake** |
| B. Pharm | **Yes** | **No** | **Yes** |  | 60 | 100 |

**Note: Enclose relevant documents A –I. 6**

**Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the sameBuilding / campus?** **If Yes, Give Details - 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.**

The Member Secretary Examining Authorit The Registrar, Rajiv Gandhi Univ. of Health Sciences,Karnataka,Kalingarov circle Bangalor 4th 'T' Block, Jayanagar, Bangalore - 560 04

**Signature of the Head of the Institution** **Signature of the Inspectors**

**B - DETAILS OF THE INSTITUTION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B –I .1** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Name of the Principal** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Qualification\*** | | | | |  | **Teaching Experience** | | | | | |  |  | **Actual** | | | **Remarks of the** | | |  |
|  |  |  |  |  |  |  |  | **Required** | | | |  |  | **experience** | | | **Inspectors** | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Qualification/** | | |  | M. Pharm | | | |  | |  | 15 years, out of which 5 years | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Yes |  |  | as Prof. / HOD | | | |  |  |  |  | 31 |  |  |  |  |  |  |
| **Experience** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | PhD | |  |  | Yes |  |  | 10 years, out of which at least | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | 05 years as Asst. Prof | | | | | |  |  |  |  |  |  |  |  |  |
| **\* Documentary evidence should be provided ENCLOSURE-4** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
| **B –I .2** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **For institution seeking continuation of affiliation** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | | | | |  |  |  | |  |  |  |  |  |  |  |  |  |
| **Course** |  | **Date of last** | | | |  |  | **Remarks of the** | | | | | |  | **Complied** | |  |  |  | **Intake** | |  |  |  |  |
|  |  | **Inspection** | | | |  |  | **Previous Inspection** | | | | | |  | **/ Not Complied** | | | |  | **reduced/Stopped in the** | | | | |  |
|  |  |  |  |  |  |  |  | **Report** | | |  |  |  |  |  |  |  |  |  | **last 03 years\*** | | | |  |  |
| **B. Pharm** |  |  |  |  | 04/06/2014 |  |  | NO |  |  |  |  |  |  | Not Complied |  |  |  |  |  | NO |  |  |  |  |
| \* Enclose | Documents | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B –I .3** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Status of Governing Council:** | | | | | | | | | | |  | **Government/Trust/Society/Individual / University** | | | | | | | | | | | | |  |
| **Details of the Governing Body** | | | | | | | | | | |  |  |  |  | **ENCLOSURE-5** | | | | | | | | |  |  |
| **Minutes of the last Governing council Meeting** | | | | | | | | | | | |  |  |  | **ENCLOSURE-6** | | | | | | | | |  |  |
| **B –I .4** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pay Scales:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Staff** | |  |  |  |  | **Scale of pay** | | | | |  |  |  |  | **PF** |  | **Gratuity** | | | | **Pension** | |  | **Remarks of** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **benefit** | |  | **the** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Inspectors** |
| **Teaching** | |  | **AICTE /UGC/State Govt.** | | | | | | | | Yes | | | | Yes |  | Yes | | | | No | |  |  |  |
| **Staff** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Non-** | |  | **State Government** | | | | | | | | Yes | | | |  |  |  |  |  |  |  |  |  |  |  |
| **Teaching** | |  | Yes |  | Yes | | | | No | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Staff** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B –I .5** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B. Pharm Course: Admission Statement for the Past Three Years** | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  | | | | |  |  |  |  | | |  |  |  |  |  | | | |  |  |  |  | | |
| **ACADEMIC YEAR** | | | | |  |  |  | **Year 2013-14** | | |  |  |  |  | **Year 2014-15** | | | |  |  |  | **Year 2015-16** | | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sanctioned** | |  |  |  |  | 60 |  |  |  |  |  |  |  |  | 60 |  |  |  |  |  |  | 60 |  |  |  |
| **No. of Admissions** | | | | |  | 56 |  |  |  |  |  |  |  |  | 60 |  |  |  |  |  |  | 60 |  |  |  |
| **Unfilled Seats** | | |  |  |  | 04 |  |  |  |  |  |  |  |  | 00 |  |  |  |  |  |  | 00 |  |  |  |
| **No. of Excess** | | |  |  |  | 00 |  |  |  |  |  |  |  |  | 00 |  |  |  |  |  |  | 00 |  |  |  |
| **Admissions** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Signature of the Head of the Institution** **Signature of the Inspectors**

**B –I .6**

**Academic information: Percentage of UG results for the past three years based on University Calendar**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ACADEMIC YEAR** | **Year 2013-14** |  | **Year 2014-15** | |  | **Year 2015-16** |  |
| **1st year** | 40.38 | 14.03 |  |  |  | Awaited |  |
| **2nd year** | 30.43 | 7.40 |  |  |  | Awaited |  |
| **3rd year** | 37.03 | 50.00 |  |  |  | Awaited |  |
| **Final year** | 77.77 | 56.00 |  |  |  | 46.00 |  |
| **Pass % (Final Year)** | 77.77 | 56.00 |  |  |  | 46.00 |  |
| **B – II** |  |  |  |  |  |  |  |
| **Co – Curricular Activities / Sports Activities** | | |  |  |  |  |  |
| Whether college has NSS Unit (Yes/No)? | | |  |  | YES |  |  |
| If no givereasons |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| NSS Programme Officer’s Name | | |  |  |  | Sri.Chandrakant DS |  |
| Programme conducted (mention details) | | |  | 1.Our Institute NSS Unit is composed of 100 volunteer students and 50 special camp volunteer  2.Health awareness,Aids,T.B awareness,Water Spread diseases , Road show drama on bad effect of tobacco,How to use of drugs,Literacy,Awareness about literacy |  |  |  |
| Whether students participating in University level cultural | | |  |  |  | Yes |  |
| activities / Co- curricular/sports activities | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Physical Instructor |  |  |  |  | Available | |  |
|  |  |  |  |  |  |  |  |
| Sports Ground |  |  |  |  | Individual | |  |

**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** |
| **Sl.** | **Particulars** | **Amount** |  | **Sl.** |  | **Particulars** | |  | **Amount** | **of the** |
| **No.** |  |  |  | **No.** |  |  |  |  |  | **Inspectors** |
| **1.** | **Grants** | -- |  |  |  |  |  |  |  |  |
|  | **a. Government** |  |  | **CAPITAL EXPENDITURE** | | | | |  |  |
|  | **b. Others** |  |  |  |  |  |  |  |  |  |
| **2.** | **Tuition Fee** | 29332014 |  | **1.** | **Building** | | | -- |  |  |
|  |  |  |  |  |  | |  |  |  |  |
| **3.** | **Library Fee** | 50500 |  | **2.** | **Equipment** | | | -- |  |  |
|  |  |  |  |  |  | |  |  |  |  |
| **4.** | **Sports Fee** | 50500 |  | **3.** | **Others** | | | -- |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **5.** | **Union Fee** | 202000 |  | **REVENUE EXPENDIUTRE** | | | | |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  | |  | |  |  |
| **6.** | **Others** | 639575 |  | **1** | **Salary** | | | 29535579 |  |  |
|  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  | **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** | | |  |  |  |
|  |  | 30274584 |  | **7.** | **Others** | | | -- |  |  |
|  | **Total** |  |  | **8.** | **Misc.Expenditure** | | | -- |  |  |
|  |  |  |  |  |  | **Total** | | 32748598 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Note: Enclose relevant documents** | | |  |  |  |  |  |  |  |  |

**ENCLOSURE-7**

**Signature of the Head of the Institution** **Signature of the Inspectors**

**PART- II PHYSICAL INFRASTRUCTURE**

**1**. a. Availability of Land (B. Pharm courses) : **Available**

1. 2.5 acres District HQ/Corporation/Municipality limit
2. 0.5 acre for City / Metros

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| b. Building |  | : | **Own** | | |
| c. Land Details to be in name of Trust and Society | |  |  |  |  |
| Records to be enclosed |  |  |  |  |  |
| Sale deed | : |  | **[ENCLOSURE-8]** | | |
| d. Building**†**: |  |  |  |  |  |
| i) Approved Building plan, to be Enclosed | : | **[ENCLOSURE-9]** | | | |
|  | |  | |  | |
| e. Total Built Area of the college building in Sq.mts | | : Built up Area | | 5076 |  |

Amenities and Circulation Area 2663

**2. Class rooms:**

**Total Number of Class rooms provided at the end of 4 Year Course**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class** | **Required** | **Available** | **Required Area \*** | **Available Area** | **Remarks of** |
|  | **Nos** | **Nos** | **for each class room** | **in Sq.mts** | **the** |
|  |  |  |  |  | **Inspectors** |
| B. Pharm | 06 | 06 | 6 of 90 Sq. mts | 160 |  |
|  |  |  | Or |  |  |
|  |  |  | 4 of 150 sq.mts. with Public |  |  |
|  |  |  | address System. |  |  |
|  |  |  |  |  |  |

**(\*To accommodate 100 students).**

**3. Laboratory requirement at the end of 4 Years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.** | **Infrastructure for** | **Requirement as per Norms** | **Available** | **Remarks/** |
| **No.** |  |  | **No. &** | **Deficiency** |
|  |  |  | **Area in Sq** |  |
|  |  |  | **mts** |  |
| 1 | Laboratory Area for B.Pharm Course | 90 Sq .mts x n (n=10) - Including | 12 |  |
|  | (12 Labs) | Preparation room - Desirable |  |  |
|  |  | 75 Sq. mts - Essential |  |  |
|  |  |  |  |  |
| 2 | Pharmaceutics | 03 Laboratories | 03 |  |
|  | Pharmaceutical Chemistr y | 02 Laboratories | 02 |  |
|  | Pharmaceutical Anal ysis | 01 Laborator y | 01 |  |
|  | Pharmacology | 02 Laboratories | 02 |  |
|  | Pharmacognos y | 01 Laboratories | 01 |  |
|  | Pharmaceutical Biotechnology | 01 Laborator y | 01 |  |
|  | (Including Aseptic Room) |  |  |  |
|  | Total no. Laboratories for B.Pharm course | 10 Laboratories **\*** | 10 |  |
| 3 | Preparation Room for each lab | 10 sq mts | 10 |  |
|  | (One room can be shared by two labs, if it is | (mi nimum) |  |  |
|  | in between two labs) |  |  |  |
| 4 | Area of the Machine Room | 80-100 Sq.mts | 120 |  |
|  |  |  |  |  |
| 5 | Central Instrumentation Room | 80 Sq.mts with A/ C | 80 |  |
| 6 | Store Room – I | 1 (Area 100 Sq mts) | 80 |  |
| 7 | Store Room – II | 1 (Area 20 Sq mts) | 20 |  |
|  | (For Inflammable chemicals) |  |  |  |
|  |  |  |  |  |

**\*Number of laboratories required for entire course of 4 years.**

**Signature of the Head of the Institution** **Signature of the Inspectors**

**† The Institutions will not be permitted to run the courses in rented building on or after 31.12.2008**

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fume chamber to reduce the pollution wherever 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 efficient.
5. Balance room should be attached to the concerned laboratories.

**4. Administration Area:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sl.No.** | **Name of infrastructure** | **Requirement** | **Requirement** | **Available** | | **Remarks/** |
|  |  |  | **as per Norms** | **as per** |  |  | **Deficiency** |
|  |  |  | **in number** | **Norms, in** | **No.** | **Area in** |  |
|  |  |  |  | **area** |  | **Sq .mts** |  |
|  | 1 | Principal’s Chamber | 01 | 30 Sq .mts | 01 | 40 |  |
|  | 2 | Office – I - Establishment |  |  | 01 | 80 |  |
|  | 3 | Office – II - Academics | 01 | 60 Sq. mts |  | 40 |  |
|  | 4 | Confidential Room |  |  |  | 40 |  |
| **5. Staff Facilities:** | | |  |  |  |  |  |
|  |  |  |  |  |  | |  |
|  | **Sl. No.** | **Name of infrastructure** | **Requirement** | **Requirement** | **Available** | | **Remarks/** |
|  |  |  | **as per Norms** | **as per** |  |  | **Deficiency** |
|  |  |  | **in number** | **Norms, in** | **No.** | **Area in** |  |
|  |  |  |  | **area** |  | **Sq mts** |  |
|  | 1 | HODs for B.Pharm Course | Minimum 4 | 20 Sq mts x 4 | 04 | 120 |  |
|  | 2 | Faculty Rooms for |  | 10 Sq mts x n | 22 | 220 |  |
|  |  | B.Pharm course |  | (n=No of |  |  |  |
|  |  |  |  | teachers) |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Name of** | **Requireme** | **Requirement as per** | **Available** | | **Remarks/** |
|  | **infrastructure** | **nt as per** | **Norms, in area** |  |  | **Deficiency** |
|  |  | **Norms in** |  | **No.** | **Area in** |  |
|  |  | **number** |  |  | **Sq. mts** |  |
| 1 | Animal House | 01 | 80 Sq mts | 01 | 250 |  |
| 2 | Library | 01 | 150 Sq mts | 01 | 160 |  |
| 3 | Museum | 01 | 50 Sq mts | 01 | 40 |  |
|  |  |  | (May be attached to the |  |  |  |
|  |  |  | Pharmacognos y lab) |  |  |  |
|  |  |  |  |  |  |  |
| 4 | Auditorium / | 01 | 250 – 300 seating | 01 | 270 |  |
|  | Multi Purpose |  | capacity |  |  |  |
|  | Hall (Desirable) |  |  |  |  |  |
| 5 | Seminar Hall | 01 |  | 01 | 120 |  |
| 6 | Herbal Garden | 01 | Adequate Number of | 01 | 350 |  |
|  | (Desirable) |  | Medicinal Plants |  |  |  |
|  |  |  |  |  |  |  |

**Signature of the Head of the Institution** **Signature of the Inspectors**

**7.** **Student Facilities:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sl.** | **Name of infrastructure** | | **Requirement** | **Requirement** | | |  | **Available** | | | **Remarks/** |
|  | **No.** |  |  | **as per Norms** |  | **as per** |  |  |  |  |  | **Deficiency** |
|  |  |  |  |  | **No.** | **Area in** | |
|  |  |  |  | **in number** | **Norms, in** | | |  |  |
|  |  |  |  |  |  | **Sq .mts** | |  |
|  |  |  |  |  |  | **area** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1 | Girl’s Common Room | | 01 |  |  |  |  | 01 | 60 |  |  |
|  |  | (Essential) |  |  | 60 Sq.mts | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2 | Boy’s Common Room | | 01 |  |  |  |  | 01 | 60 |  |  |
|  |  | (Essential) |  |  | 60 Sq.mts | | |  |  |  |  |  |
|  |  |  |  |  |  |  | |  |  |  |  |  |
|  | 3 | Toilet Blocks for Boys | | 01 | 24 Sq.mts | | |  | 01 | 30 |  |  |
|  |  |  |  |  |  |  | |  |  |  |  |  |
|  | 4 | Toilet Blocks for Girls | | 01 | 24 Sq.mts | | |  | 01 | 80 |  |  |
|  | 5 | Drinking Water facility – | | 01 |  |  |  |  | 01 | 00 |  |  |
|  |  | Water Cooler (Essential). | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 6 | Boy’s Hostel (Desirable) | | 01 | 9 Sq .mts | | / |  | 01 | 250 |  |  |
|  |  |  |  |  | Room | |  |  |  |  |  |  |
|  |  |  |  |  | Single | |  |  |  |  |  |  |
|  |  |  |  |  | occupancy | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 7 | Girl’s Hostel (Desirable) | | 01 | 9 Sq .mts | | / |  | 01 | 250 |  |  |
|  |  |  |  |  | Room (single | | |  |  |  |  |  |
|  |  |  |  |  | occupancy) | | |  |  |  |  |  |
|  |  |  |  |  | 20 Sq mts / | | |  |  |  |  |  |
|  |  |  |  |  | Room | |  |  |  |  |  |  |
|  |  |  |  |  |  | (triple |  |  |  |  |  |  |
|  |  |  |  |  | occupancy) | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 8 | Power Backup Provision | | 01 |  |  |  |  | 01 | 00 |  |  |
|  |  | (Desirable) |  |  |  |  |  |  |  |  |  |  |
| **8. Computer and other Facilities:** | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |
|  |  | **Name** |  | **Required** |  |  | **Available** | | |  |  | **Remarks of** |
|  |  |  |  |  |  |  |  |  |  |  |  | **the** |
|  |  |  |  |  |  | **No.** | |  | **Area in** | |  |
|  |  |  |  |  |  |  |  | **Inspectors** |
|  |  |  |  |  |  |  |  |  | **Sq. mts** | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Computer Room for | |  | 01 |  | 01 |  |  | 60 |  |  |  |
|  | B.Pharm Course | | (Area 75 Sq mts) | |  |  |  |  |  |  |  |  |
|  | Computer | | 1 system for every 10 students | | | 82 |  |  | 0 |  |  |  |
|  | (Latest Configuration) | |  |  |  |  |  |  |  |  |  |  |
|  | Printers | | 1 printer for every 10 | |  | 7 |  |  | 0 |  |  |  |
|  |  |  |  | computers |  |  |  |  |  |  |  |  |
|  | Multi Media Projector | |  | 01 |  | 6 |  |  | 0 |  |  |  |
|  | Generator (5KVA) | |  | 01 |  | 1 |  |  | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Signature of the Head of the Institution** **Signature of the Inspectors**

**9. Amenities (Desirable)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Requirement as** |  | **Available** | | **Not** | **Remarks/** |
|  | **per Norms in** | **No.** |  | **Area in Sq.** | **Available** | **Deficiency** |
|  | **area** |  |  | **mts** |  |  |
| Principal quarters | 80 Sq. mts | 00 |  | 00 | Not Available |  |
| Staff quarters | 16 x 80 Sq. mts | 00 |  | 00 | Not Available |  |
| Canteen | 100 Sq. mts | 01 |  | 250 | Available |  |
| Parking Area for staff and students |  | 01 |  | 500 | Available |  |
| Bank Extension Counter |  | 01 |  | 500 | Available |  |
| Co operative Stores |  | 0 |  | 0 | Available |  |
| Guest House | 80 Sq. mts | 01 |  | 80 | Available |  |
| Transport Facilities for students |  | 01 |  | 00 | Available |  |
| Medical Facility (First Aid) |  | 20 |  | 00 | 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.** | | **Item** |  | **Titles** |  | **Minimum Volumes (No)** | | | | **Available** | | | **Remarks** |
| **No.** | |  |  | **(No)** |  |  |  |  |  |  |  |  | **of the** |
|  |  |  |  |  | **Title** | | **Numbers** |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Inspectors** |
| 1 |  | Number of books |  | 150 |  | 2000 adequate coverage of a | | | |  |  |  |  |
|  |  |  |  |  | large number of standard text | | | | | 1175 |  | 5189 |  |
|  |  |  |  |  |  |  | books and titles in all | |  |  |  |  |  |
|  |  |  |  |  |  |  | disciplines of pharmacy | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  | Annual addition of |  |  |  |  | 150 to 200 books | |  | 26 |  | 152 |  |
|  |  | books |  |  |  |  | per year | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  | Periodicals |  |  |  |  | 10 National | |  | 41 |  | 1 |  |
|  |  | Hard copies / online |  |  |  | 05 International periodicals | | | |  |  |  |  |
| 4 |  | CDS |  |  |  |  | Adequate Nos | |  | 15 |  | 15 |  |
| 5 |  | Internet Browsing |  |  |  |  | Yes/No | |  | Yes |  |  |  |
|  |  | Facility |  |  |  | (Minimum ten computers) | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  | Reprographic Facilities: | |  |  |  |  |  |  |  |  |  |  |
|  |  | Photo Copier |  |  |  | 01 | |  |  | 01 |  | 01 |  |
|  |  | Fax |  |  |  | 01 | |  |  | 01 |  | 01 |  |
|  |  | Scanner |  |  |  | 01 | |  |  | 01 |  | 01 |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 7 |  | Library Automation and Computerized System yes | | | | | | |  |  |  |  |  |
| 8 |  | **Library Timings** |  |  |  |  | 9.am to 5.pm |  |  |  |  |  |  |
| [ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10.B. Library Staff:** | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | |  |  | |
|  |  | **Staff** | **Qualification** | | |  | **Required** |  | **Available** | |  | **Remarks of the** | |
|  |  |  |  |  |  |  |  |  |  |  |  | **Inspectors** | |
| 1 |  | Librarian | M. Lib | | |  | 1 |  | 01 |  |  |  |  |
| 2 |  | Assistant Librarian | D. Lib | | |  | 1 |  | 01 |  |  |  |  |
| 3 |  | Library Attenders | 10 +2 / PUC | | |  | 2 |  | 02 |  |  |  |  |

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**PART III** **ACADEMIC REQUIREMENTS**

**Course Curriculum:**

**1. Student Staff Ratio:** **Theory** **Practicals** **Remarks of the**

**Inspectors**

(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. | | | | | | | |
| **2.** | **Scheme of B. Pharm Course:** | **Annual** | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | |  |  |  |  |  | |  |  |  |  |
|  | | |  |  | | | | |  | | |  |
| **3. Date of Commencement of session / sessions:** | | |  | **Commencement** | | | | | **Completion** | | |  |
|  |  |  |  |  | **10/08/2015** | | |  | **24/04/2016** | | |  |
|  |  |  | **No of Days** | | | | |  | **No of Days** | | | |
| **4.** | **Vacation:** | **Summer:** |  |  |  |  |  | **Winter:** | |  |  |  |
|  |  | 25 |  |  | 25 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Total No. of working days:**

**180**

1. **Time Table:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Time Table for B. Pharm course **ENCLOSURE-10**  **-]** | | | | | Yes |  |  | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **7. Whether the prescribed numbers of classes are being conducted as per university norms** | | | | | | | | | | |  |
| **I B. Pharm:** | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **Remarks of** |
| **Subject** | **No of Theory Classes** | |  |  | **Practicals** | | | | | | **the** |
|  |  |  |  |  |  |  |  |  |  |  | **Inspectors** |
|  | **Prescribed** | **No of** | **Prescribed** | | **No of** |  | **No of Classes Conducted to** | | | |  |
|  | **No of Hrs** | **Hours** | **No of** | | **Hours** |  | **fulfill Prescribed Number** | | | |  |
|  |  | **Conducted** | **Hours** | | **Conducted** |  | **of Hours as in Column 5** | | | |  |
|  |  |  |  |  |  |  | **No. of classes x hours per** | | | |  |
| **1** | **2** | **3** | **4** |  | **5** |  |  | **class** | | |  |
| HAP | 75 | 75 | 75 |  | 25 |  |  | 75 |  |  |  |
| Pharmaceutics | 50 | 47 | 75 |  | 28 |  |  | 75 |  |  |  |
| Pharmacognosy | 50 | 50 | 75 |  | 25 |  |  | 75 |  |  |  |
| POC | 75 | 75 | 75 |  | 25 |  |  | 75 |  |  |  |
| PIC | 75 | 79 | 75 |  | 25 |  |  | 75 |  |  |  |
| **II B. Pharm:** | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **Remarks of** |
|  | **No of Theory Classes** | |  |  | **Practicals** | | | | | | **the** |
|  |  |  |  |  |  |  |  |  |  |  | **Inspectors** |
| **Subject** | **Prescribed** | **No of** | **Prescribed** |  | **No of** |  | **No of Classes Conducted to** | | | |  |
|  | **No of Hrs** | **Hours** | **No of** |  | **Hours** |  | **fulfill Prescribed Number of** | | | |  |
|  |  | **Conducted** | **Hours** |  | **Conducted** |  | **Hours as in Column 5** | | | |  |
| **1** | **2** | **3** | **4** |  | **5** |  | **No. of classes x hours per** | | | |  |
|  |  |  |  |  |  |  |  | **class** | | |  |
| Physical pharmacy | 50 | 50 | 75 |  | 25 |  |  | 75 |  |  |  |
| Microbiology | 75 | 70 | 75 |  | 24 |  |  | 72 |  |  |  |
| Pathology | 75 | 76 | -- |  | -- |  |  | - |  |  |  |
| App Biochemistry | 75 | 70 | 50 |  | 25 |  |  | 75 |  |  |  |
| POC-II | 75 | 70 | 75 |  | 25 |  |  | 75 |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
| **III B.Pharm** | | | | |  |  | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **Remarks of** |
| **Subject** | **No of Theory Classes** | |  |  | **Practicals** | | |  |  |  |  | **the** |
|  |  |  |  |  |  |  |  |  |  |  |  | **Inspectors** |
|  | **Prescribed** | **No of** |  | **Prescribed** | **No of** | **No of Classes Conducted to** | | | | |  |  |
| **1** | **No of Hrs** | **Hours** |  | **No of** | **Hours** | **fulfill Prescribed Number of** | | | | |  |  |
|  |  | **Conducted** |  | **Hours** | **Conducted** | **Hours as in Column 5** | | | | |  |  |
|  | **2** | **3** |  | **4** | **5** | **No. of classes x hours per** | | | | |  |  |
|  |  |  |  |  |  |  |  | **class** | | |  |  |
| MC-I | 75 | 35 |  | 75 | 23 |  |  | 69 |  |  |  |  |
| Ph.Cology | 75 | 78 |  | -- | -- |  |  | -- |  |  |  |  |
| Ph.Engg | 75 | 77 |  | 75 | 25 |  |  | 75 |  |  |  |  |
| Ph.Cognosy | 75 | 71 |  | 75 | 25 |  |  | 75 |  |  |  |  |
| Jurisprudence | 50 | 43 |  | -- | -- |  |  | - |  |  |  |  |
| **IV B. Pharm:** | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  |  | | |  |  |  |  |  |
|  | **No of Theory Classes** | |  |  | **Practicals** | | |  |  |  |  | **Remarks** |
| **Subject** |  |  |  |  |  |  |  |  |  |  |  | **of the** |
|  |  |  |  |  |  |  |  |  |  |  |  | **Inspectors** |
|  | **Prescribed** | **No of** |  | **Prescribed** | **No of** | **No of Classes Conducted to** | | | | | |  |
| **1** | **No of Hrs** | **Hours** |  | **No of** | **Hours** | **fulfill Prescribed Number of** | | | | | |  |
|  |  | **Conducted** |  | **Hours** | **Conducted** | **Hours as in Column 5** | | | | | |  |
|  | **2** | **3** |  | **4** | **5** | **No. of classes x hours per class** | | | | | |  |
| Ph.Tech | 75 | 72 |  | 75 | 26 |  | 78 |  |  |  |  |  |
| Ph.Cology | 50 | 56 |  | 75 | 25 |  | 75 |  |  |  |  |  |
| MC-II | 75 | 78 |  | 75 | 24 |  | 72 |  |  |  |  |  |
| Ph.cognacy | 50 | 58 |  | 75 | 25 |  | 75 |  |  |  |  |  |
| TDM | 50 | 52 |  | -- | -- |  | -- |  |  |  |  |  |
| HCP | 50 | 56 |  | -- | -- |  | -- |  |  |  |  |  |
| Ph.Analyis | 50 | 52 |  | 75 | 24 |  | 72 |  |  |  |  |  |
| **8 . Whether Tutorials are being conducted** | | | | |  |  |  |  |  |  |  |  |
|  | Yes |  |  |
| **(if any, as per university norms)** | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during**

**A. Last three years**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Event** | |  | **Year 2012-13** | |  |  | **Year 2013-14** |  |  | **Year 2014-15** | |
| Guest Lectures | |  | 04 |  |  |  | 04 |  |  |  | 06 |
| Seminars | |  | 08 |  |  |  | 03 |  |  |  | 05 |
|  |  |  |  |  |  |  |  |  |  | -- |  |
| Workshops | |  | -- |  |  |  | -- |  |  |  | -- |
| Symposia | |  | -- |  |  |  | -- |  |  |  | -- |
| **B. Papers Presented / Published during last three years** | | | | | | |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |
|  | **Year 2012-13** | | |  |  | **Year 2013-14** | |  | **Year 2014-15** | | |
|  | **National** |  | **International** |  | **National** | | **International** | **National** | |  | **International** |
| **Published** | 06 |  | 04 |  | 09 |  | 08 |  | 08 |  | 04 |
| **Presented** | 09 |  | -- |  | 06 |  | -- |  | 05 |  | -- |

**Signature of the Head of the Institution** **Signature of the Inspectors**

11

**10. Whether Internal Assessments are conducted periodically as per university norms**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **Yes** | | | | YES |  |  |  |  | **No** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  | | |  |  | |  |  |  | |  | |  |
|  |  |  |  | **I Sessional Dates** | | | | |  |  | **II Sessional Dates** | | | | | | | |  | **III Sessional Dates** | | | | | | | |  | | **Remarks of the** | | |
| **Class** | |  |  | **DD/MM/YY** | | | | |  |  | **DD/MM/YY** | | | | | | | |  |  | **DD/MM/YY** | | | | | | |  | |  | **Inspectors** | |
|  |  |  |  | **Theory** | | | **Practicals** | | |  | **Theory** | |  |  | **Practicals** | | | | **Theory** | | | |  | **Practicals** | | | |  |  |  |  |  |
| I B. Pharm | | | | 16/11/15 |  |  | 16/11/15 |  |  |  | 25/1/16 |  |  |  | 25/1/16 |  |  |  | 4/4/16 |  |  |  |  | 4/4/16 |  |  |  |  |  |  |  |  |
| II B. Pharm | | | | 16/11/15 |  |  | 16/11/15 |  |  |  | 25/1/16 |  |  |  | 25/1/16 |  |  |  | 4/4/16 |  |  |  |  | 4/4/16 |  |  |  |  |  |  |  |  |
| III B. Pharm | | | | 16/11/15 |  |  | 16/11/15 |  |  |  | 25/1/16 |  |  |  | 25/1/16 |  |  |  | 4/4/16 |  |  |  |  | 4/4/16 |  |  |  |  |  |  |  |  |
| IV B. Pharm | | | | 16/11/15 |  |  | 16/11/15 |  |  |  | 25/1/16 |  |  |  | 25/1/16 |  |  |  | 4/4/16 |  |  |  |  | 4/4/16 |  |  |  |  |  |  |  |  |
| **11. Whether Evaluation of the internal assessments is Fair** Yes | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | No | | |  |  |  |  |
| YES | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  |  | |  |  | |  | |  | |  | |  | | | |  |  |  |  | | |  |  |  |
|  |  |  |  | No. of Candidates | | | |  | No. of Candidates | | | | | | | No. of Candidates | | | | | | | |  |  | No. of | | | |  |  | **Remarks of** |
|  |  |  |  | scored more than | | | |  | scored between | | | | | | | scored between | | | | | | | |  | Candidates | | | | | |  | **the** |
| **Class** | |  | 80% | | | |  |  |  | 60 - 80% | | |  |  |  | 50 - 60% | | | | | |  |  | Less than 50% | | | | | | |  | **Inspectors** |
|  |  |  |  | **Th** |  |  | **Pr** |  |  | **Th** | |  | **Pr** | | | **Th** | | |  |  | **Pr** | | |  | **Th** | |  | | | **Pr** |  |  |
| I B.Pharm | |  |  | 00 |  |  | 00 |  | 14.03 |  |  |  | 14.03 |  |  | 00 |  |  |  |  | 00 |  |  | 00 |  |  | 00 |  |  |  |  |  |
| II B.Pharm | |  |  | 00 |  |  | 00 |  | 7.04 |  |  |  | 7.04 |  |  | 00 |  |  |  |  | 00 |  |  | 00 |  |  | 00 |  |  |  |  |  |
| III B.Pharm | |  |  | 00 |  |  | 00 |  | 43.75 |  |  |  | 43.75 |  |  | 6.25 |  |  |  |  | 6.25 |  |  | 00 |  |  | 00 |  |  |  |  |  |
| IV B.Pharm | |  |  | 00 |  |  | 00 |  | 43.75 |  |  |  | 43.75 |  |  | 6.25 |  |  |  |  | 6.25 |  |  | 00 |  |  | 00 |  |  |  |  |  |
| **12. Work load of Faculty members for B. Pharm [ENCLOSURE-11]** | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | | |  |  | | |  |  |  | |  | | | |  |  |  | | | | |  |  | | | | | | |
| **Sl. No** |  | **Name of the** | | | |  | **Subjects** | | |  |  | **B. Pharm** | | | | | |  |  | **Total work** | | | | |  | **Specific Remarks of the** | | | | | | |
|  |  |  | **Faculty** | | |  | **taught** | | |  | **Th** | |  |  |  | **Pr** | |  |  |  | **load** | | |  |  |  |  |  |  | **Inspector** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**13. Percentage of students qualified in GATE in the last Three Years**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Details** | **Year 2013-14** |  | **Year 2014-15** |  | **Year 2015-16** | | |  |  |
| No. of Students Appeared | | 06 |  | 08 |  |  | 10 |  |  |  |
| No. of Students Qualified | | 02 |  | 02 |  |  | 04 |  |  |  |
| Percentage | | 33.3 |  | 25 |  |  | 40 |  |  |  |
| **14. Whether the Institution has an Industry – Institution Interaction cell Yes** | | | | | |  | **No** |  |  |  |
|  |  |  |  |
|  | **If applicable please give the details for the previous Year** | | |  |  |  |  |  |  |  |
|  |  | **Events** | | **Details for the Previous Year** | | | | |  |  |
|  | **No. of Industrial visits** |  |  |  | 02 |  |  |  |  |  |
|  | **Industrial Tour** |  |  |  | Yes |  |  |  |  |  |
|  | **Industrial Training** |  |  |  | Yes |  |  |  |  |  |

**No. of Resource Persons from the Industry for Guest Lectures 04**

**No. of Collaboration projects with Industry No**

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**15. Percentage of students Placed through the College Placement Cell in the Last Three Years**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year** | **Year 2013-14** | **Year 2014-15** |  | **Year 2015-16** | | |
|  | **No. of students** |  |  |  |  | 60 |  |
|  | **appeared for campus** | 20 | 35 |  |  |  |  |
|  | **interview** |  |  |  |  |  |  |
|  | **% Placed** | 30 | 43 |  |  | 24 |  |
| **16. Whether Professional Society Activities are Conducted (Enclose Details)** | | | | |  |  |  |
|  | **No** |  |
|  | **(ISTE, IPA, APTI, ICTA and Related Societies)** | |  |  |  |  |  |
|  |  |  |  |  |

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**PART IV - PERSONNEL**

***TEACHING*** ***STAFF:* [ENCLOSURE-12]**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** |  |  |  | **Date of** | **Teaching** | **State** | **Signature** |  |
| **No** | **Name** | **Designation** | **Qualification** | **Joining** | **Experience** | **Pharmacy** | **of the** | **Remarks** |
|  |  |  |  |  | **After PG** | **Council** | **faculty** | **of the** |
|  |  |  |  |  |  | **Reg No.** |  | **Inspectors** |
|  |  |  |  |  |  |  |  |  |

**2.** **Qualification and number of Staff Members**

**Qualification**

|  |  |  |
| --- | --- | --- |
| **M. Pharm** | **PhD** | **Others - Full Time** |
| 33 | 17 | 03 |

**3.** **Teaching Staff required year wise exclusively for B.Pharm for intake of 100 Students.**

|  |  |  |
| --- | --- | --- |
|  |  | **No. of staff required** |
| **1.** | **Pharmaceutical Chemistry** | **7** |
| **2.** | **Pharmaceutical Analysis** | **2** |
| **3.** | **Pharmacology** | **4** |
| **4.** | **Pharmacognosy** | **4** |
| **5.** | **Pharmaceutics** | **6** |
| **6.** | **Pharmacy Practice** | **1** |
| **7.** | **Principal** | **1** |
|  |  |  |
|  | **Total** | **25** |
|  | |  |
| **\*Part time teaching Staff** | | **3** |
|  | |  |
| **Remarks of the Inspection Team** | |  |
|  |  |  |

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

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1. **Staff Pattern for B. Pharm courses Department wise / Division wise:**

Professor: Asst. Professor: Lecturer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Department / Division** | | | **Name of the post** | **For strength** | **Provided by** | **Remarks of** |
|  |  |  |  | **of 100** | **the** | **inspection team** |
|  |  |  |  | **students** | **institution** |  |
| Department of Pharmaceutics | | | Professor | 1 | 1 |  |
|  |  |  | Asst. Professor | 2 | 2 |  |
|  |  |  | Lecturer | 3 | 3 |  |
| Department of Pharmaceutical | | | Professor | 1 | 1 |  |
| Chemistry |  |  | Asst. Professor | 3 | 3 |  |
|  |  |  | Lecturer | 3 | 3 |  |
|  | | |  |  |  |  |
| Department of Pharmacology | | | Professor | 1 | 1 |  |
|  |  |  | Asst. Professor | 2 | 2 |  |
|  |  |  | Lecturer | 1 | 1 |  |
| Department of Pharmacognosy | | | Professor | 1 | 1 |  |
|  |  |  | Asst. Professor | 1 | 1 |  |
|  |  |  | Lecturer | 2 | 2 |  |
| Department of Pharmacy Practice | | | Asst. Professor | 1 | 1 |  |
|  |  |  | Lecturer | 1 | 1 |  |
| Department of Pharmaceutical Analysis | | | Asst. Professor | 1 | 1 |  |
|  |  |  | Lecturer | 1 | 1 |  |
|  |  |  |  |  |  |

**5.** **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 |
|  |  |  |

**6.Details of Faculty Retention for:**

|  |  |  |
| --- | --- | --- |
| **Name of Faculty Member** | **Period** | **%** |
| 11 | **Duration of 15 yrs. and above** | 35 |
| 04 | **Duration of 10 yrs. and above** | 11 |
| 09 | **Duration of 5 yrs. and above** | 25 |
| 14 | **Less than 5 yrs.** | 34 |

**7. Details of Faculty Turnover:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Faculty** | **Period** | **More** | **50%** | **25%** | **Less than 25%** |
| **Member** |  | **than 50%** |  |  |  |
| DR.sadanand Kori | **% of faculty retained in last** | NO | NO | NO | NO |
|  | **03 yrs** |  |  |  |  |

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**8.Number of Non-teaching staff available for B. Pharm course for intake of 100 Students:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.** | **Designation** | **Required** | **Required** | **Available** | | **Remarks of the** |
| **No.** |  | **(Minimum)** | **Qualification** | **Number** | **Qualification** | **Inspection team** |
| 1 | Laboratory Technician | 1 for each | D. Pharm | 06 | D.Pharm |  |
|  |  | Dept |  |  |  |  |
|  |  |  |  |  |  |  |
| 2 | Laboratory Assistants / | 1 for each Lab | SSLC | 05 | SSLC |  |
|  | Attenders | (minimum) |  |  |  |  |
|  |  |  |  |  |  |  |
| 3 | Office Superintendent | 1 | Degree | 01 | BA |  |
| 4 | Accountant | 1 | Degree | 01 | B Com |  |
| 5 | Store keeper | 1 | D. Pharm/ | 01 | D.Pharm |  |
|  |  |  | Degree |  |  |  |
|  |  |  |  |  |  |  |
| 6 | Computer Data Operator | 1 | BCA / | 01 | BA |  |
|  |  |  | Graduate |  |  |  |
|  |  |  | with |  |  |  |
|  |  |  | Computer |  |  |  |
|  |  |  | Course |  |  |  |
|  |  |  |  |  |  |  |
| 7 | Office Staff I | 1 | Degree | 01 | BA |  |
| 8 | Office Staff II | 2 | Degree | 01 | B.Com |  |
| 9 | Peon | 2 | SSLC | 02 | SSLC |  |
| 10 | Cleaning personnel | Adequate | --- | -- | Adequate |  |
|  |  |  |  |  |  |  |
| 11 | Gardener | Adequate | --- | -- | Adequate |  |

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**9. Scale of pay for Teaching faculty (to be enclosed): [ ENCLOSER-13 ]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.** | **Name** | **Qualification** | **Designation** | **Basic** | **DA** | **HRA** | **CCA** | **Other** |  |  |  | **Bank** | **PAN** | **EPF** | **Total** | **Signature** |
| **No** |  |  |  | **pay** | **Rs.** | **Rs.** | **Rs.** | **allowance** | **Deductions** | | | **A/C** | **No** | **A/c** |  |  |
|  |  |  |  | **Rs.** |  |  |  | **Rs.** |  |  |  | **No** |  | **no.** |  |  |
|  |  |  |  |  |  |  |  |  | **P T** | **TDS** | **EPF** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10.** | **Whether facilities for Research / Higher studies are provided to the faculty?** | | | | | | | | | | | **YES** |  |  |  |  |  |
|  |  | (Inspectors to verify documents pertaining to the above) | | | | | |  |  |  |  |  |  |  |  |  |  |
| **11.** | **Whether faculty members are allowed to attend workshops and seminars? YES** | | | | | | | | | | |  |  |  |  |  |  |
|  |  | (Inspectors to verify documents pertaining to the above) | | | | |  | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| **12.** | **Scope for the promotion for faculty: Promotions** | | | | |  | **Yes** | | |  |  | **No** |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  | | |  | |  |  |  |  |
| **13.** | **Gratuity Provided** | |  |  |  |  | **Yes** | | |  |  | **No** |  |  |  |  |  |
| **14.** | **Details of Non-teaching staff members (list to be enclosed):** | | | | | |  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
| **[ENCLOSER-14]** | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  | | |  | |  |  | |  |
| **Sl** |  | **Name** | **Designation** | **Qualifi** |  | **Date of** |  | | **Experience** | | | **Signature** | |  | **Remarks of the** | |  |
| **No** |  |  |  | **cation** |  | **Joining** |  | |  |  |  |  |  |  | **Inspectors** |  |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| **15.** | **Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs.** | | | | | | | | | | | | | | | **Yes** | |

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**PART V - DOCUMENTATION**

**Records Maintained: Essential**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Records** | **Yes** | **No** | **Remarks of** |
|  |  |  |  | **the** |
|  |  |  |  | **Inspectors** |
| 1 | Admissions Registers | Yes |  |  |
| 2. | Individual Service Register | Yes |  |  |
| 3. | Staff Attendance Registers | Yes |  |  |
| 4. | Sessional Marks Register | Yes |  |  |
| 5. | Final Marks Register | Yes |  |  |
| 6. | Student Attendance Registers | Yes |  |  |
| 7. | Minutes of meetings- Teaching Staff | Yes |  |  |
| 8. | Fee paid Registers | Yes |  |  |
| 9. | Acquittance Registers | Yes |  |  |
| 10. | Accession Register for books and Journals in Library | Yes |  |  |
| 11. | Log book for chemicals and Equipment costing more | Yes |  |  |
|  | than Rupees one lakh |  |  |  |
| 12. | Job Cards for laboratories | Yes |  |  |
| 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 | Yes |  |  |

**Signature of the Head of the Institution** **Signature of the Inspectors**

**PART - VI**

**1. Financial Resource allocation and utilization for the past three years: (Audited Accounts for previous year to be enclosed) ENCLOSER-7**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** |  | **Expenditure in Rs.** | | | | | | |  | **Expenditure in Rs.** | | | | | **Expenditure in Rs** | | | | |  | **Remarks of the Inspectors\*** |
| **No.** | **Total** |  |  |  | **Recurring** |  |  | **Non** |  | **Total** |  | **Recurring** |  | **Non** | **Total** | **Recurring** |  |  |  | **Non** |  |
|  | **budget** |  |  |  |  |  |  | **Recurring** |  | **budget** |  |  |  | **Returning** | **budget** |  |  |  | **Returning** | |  |
|  | **sanctioned** | | |  |  |  |  |  |  | **sanctioned** |  |  |  |  | **sanctioned** |  |  |  |  |  |  |
|  | 43214899 |  |  |  | 36214899 |  |  | 7000000 |  | 43464899 |  | 37956925 |  | 40872 | 45281520 | 4528150 |  |  |  | 00 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2. Total amount spent on chemicals and glassware for the past three years:** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  | | | |  | |  |  |  | | |  |  |  | |  | |  |  |
| **Sl** |  | **Expenditure in Rs.** | | | | | | |  | **Expenditure in Rs.** | | | | | **Expenditure in Rs** | | | | |  | **Remarks of the Inspectors\*** |
| **No.** | **Total** |  |  |  | **Sanctioned** | |  | **Incurred** |  | **Total** |  | **Sanctioned** |  | **Incurred** | **Total** | **Sanctioned** | |  | | **Incurred** |  |
|  | **budget** |  |  |  |  |  |  |  |  | **budget** |  |  |  |  | **budget** |  |  |  |  |  |  |
|  | **allocated** | |  | | | |  |  |  | **allocated** |  |  |  |  | **allocated** |  |  |  |  |  |  |
|  | **Chemicals** | |  |  | 500000 |  |  | 44905 |  | **Chemicals** |  | 200000 |  | 167943 | **Chemicals** | 200000 |  |  |  | 114992 |  |
|  | **Glassware** | |  |  | 200000 |  |  | 7807 |  | **Glassware** |  | 100000 |  | 16301 | **Glassware** | 100000 |  |  |  | 00 |  |
| **3. Total amount spent on equipments for the past three years:** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  | **(Enclose purchase invoice)** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sl** |  | **Expenditure in Rs.** | | | | | | |  | **Expenditure in Rs.** | | | | | **Expenditure in Rs** | | | | |  | **Remarks of the Inspectors\*** |
| **No.** | **Total** |  |  |  | **Sanctioned** | | | **Incurred** |  | **Total** |  | **Sanctioned** |  | **Incurred** | **Total** | **Sanctioned** | | |  | **Incurred** |  |
|  | **budget** |  |  |  |  |  |  |  |  | **budget** |  |  |  |  | **budget** |  |  |  |  |  |  |
|  | **allocated** | | | |  | |  |  |  | **allocated** |  |  |  |  | **allocated** |  |  |  |  |  |  |
|  | **Equipment** | | | | 100000 |  |  | 00 |  | **Equipment** |  | 200000 |  | 6523 | **Equipment** | 200000 |  |  |  | 00 |  |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl**  **No** |  | **Expenditure in Rs.** | | **Expenditure in Rs.** | | | **Expenditure in Rs** | | | **Remarks of the Inspectors\*** |
|  | **Total budget allocated** | **Sanctioned** | **Incurred** | **Total budget allocated** | **Sanctioned** | **Incurred** | **Total budget allocated** | **Sanctioned** | **Incurred** |  |
| **1** | **Books** | 400000 | 1955 | **Books** | 400000 | 34351 | **Books** | 400000 | 00 |  |
| **2** | **Journals** | 100000 | 2760 | **Journals** | 100000 | 2760 | **Journals** | 100000 | 00 |  |

**\*Last three years including this academic year till the date of inspection**

**`**

**Signature of the Head of the Institution**  **Signature of the Inspectors**

**PART VII – EQUIPMENT AND APPARATUS**

**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 | 20 | 20 | Yes |  |
| 2 | Haemocytometer with Micropipettes | 20 | 20 | Yes |  |
| 3 | Sahli’s haemocytometer | 20 | 20 | Yes |  |
| 4 | Hutchinson’s spirometer | 01 | 01 | Yes |  |
| 5 | Spygmomanometer | 10 | 10 | Yes |  |
| 6 | Stethoscope | 10 | 10 | Yes |  |
| 7 | Permanent Slides for various tissues | One pair of each tissue Organs and endocrine glands One slide of each organ system | Adequate | Yes |  |
|  |  |  |  |  |  |
| 8 | Models for various organs | One model of each organ system | Adequate | Yes |  |
| 9 | Specimen for various organs and systems | One model for each organ | Adequate | Yes |  |
| 10 | Skeleton and bones | System One set of skeleton and one spare bone | Adequate | Yes |  |
| 11 | Different Contraceptive Devices and Models | One set of each device | Adequate | Yes |  |
| 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 | Digital Balance | 01 | 01 | Yes |  |
| 18 | Physical /Chemical Balance | 01 | 01 | Yes |  |
| 19 | Sherrington’s Kymograph Machine / | 10 | 10 | Yes |  |
|  | Polyrite |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 20 | Sherrington Drum | 10 | 10 |  |  |  |
| 21 | Perspex bath assembly (single unit) | 10 | 10 |  |  |  |
| 22 | Aerators | 10 | 10 |  |  |  |
| 23 | Computer with LCD | 01 | 01 |  |  |  |
| 24 | Software packages for experiment | 01 | 01 |  |  |  |
| 25 | Standard graphs of various drugs | Adequate number | Adequate |  |  |  |
| 26 | Actophotometer | 01 | 01 |  |  |  |
| 27 | Rotarod | 01 | 01 |  |  |  |
| 28 | Pole climbing apparatus | 01 | 01 |  |  |  |
| 29 | Analgesiometer (Eddy’s hot plate and | 01 | 01 |  |  |  |
|  | radiant heat methods) |  |  |  |  |  |
| 30 | Convulsiometer | 01 | 01 |  |  |  |
| 31 | Plethysmograph | 01 | 01 |  |  |  |
| 32 | Digital pH meter | 01 | 01 |  |  |  |
| **Apparatus:** | |  |  |  |  |  |
|  |  |  | |  |  |  |
| **Sl. No.** | **Name** | **Minimum required No.s** | **Available** | **Working** |  | **Remarks of the** |
|  |  |  | **Nos.** | **Yes / No** |  | **Inspectors** |
| 1 | Folin-Wu tubes | 60 | 60 | Yes |  |  |
| 2 | Dissection Tray and Boards | 10 | 10 | Yes |  |  |
| 3 | Haemostatic artery forceps | 10 | 10 | Yes |  |  |
| 4 | Hypodermic syringes and needles of size | 10 | 10 | Yes |  |  |
|  | 15,24,26G |  |  |  |  |  |
| 5 | Levers, cannulae | 20 | 20 | Yes |  |  |

**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** | **Working** | **Remarks of** |
|  |  |  | **Nos.** | **Yes / No** | **the Inspectors** |
| 1 | Microscope with stage micrometer | 20 | 20 | Yes |  |
| 2 | Digital Balance | 02 | 20 | Yes |  |
| 3 | Autoclave | 02 | 02 | Yes |  |
| 4 | Hot air oven | 02 | 02 | Yes |  |

**Signature of the Head of the Institution** **Signature of the Inspectors**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |
| 10 | Digital pH meter | 01 |  | 01 |  | Yes |  |
| 11 | Sterility testing unit | 01 |  | 01 |  | Yes |  |
| 12 | Camera Lucida | 20 |  | 20 |  | Yes |  |
| 13 | Eye piece micrometer | 20 |  | 20 |  | Yes |  |
| 14 | Incinerator | 01 |  | 01 |  | Yes |  |
| 15 | Moisture balance | 01 |  | 01 |  | Yes |  |
| 16 | Heating mantle | 20 |  | 20 |  | Yes |  |
| 17 | Flourimeter | 01 |  | 01 |  | Yes |  |
| 18 | Vacuum pump | 02 |  | 02 |  | Yes |  |
| 19 | Micropipettes (Single and multi channeled) | 05 |  | 05 |  | Yes |  |
| 20 | Micro Centrifuge | 01 |  | 01 |  | Yes |  |
| 21 | Projection Microscope | 01 |  | 01 |  | Yes |  |
| **Apparatus:** | |  |  |  |  |  |  |
| **Sl. No.** | **Name** | **Minimum required Nos.** |  | **Available** |  | **Working** | **Remarks of** |
|  |  |  |  | **Nos.** |  | **Yes / No** | **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 |  |
| 6 | TLC chamber and sprayer | 10 |  | 10 |  | Yes |  |
| 7 | 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** | **Working** | **Remarks of** |
|  |  |  | **Nos.** | **Yes / No** | **the Inspectors** |
| 1 | Hot plates | 05 | 05 | Yes |  |
| 2 | Oven | 03 | 03 | Yes |  |
| 3 | Refrigerator | 01 | 01 | Yes |  |

**Signature of the Head of the Institution** **Signature of the Inspectors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 | Analytical Balances for demonstration | 05 | 05 | Yes |  |
| 5 | Digital balance 10mg sensitivity | 10 | 10 | Yes |  |
| 6 | Digital Balance (1mg sensitivity) | 01 | 01 | Yes |  |
| 7 | Suction pumps | 06 | 06 | Yes |  |
| 8 | Muffle Furnace | 01 | 01 | Yes |  |
| 9 | Mechanical Stirrers | 10 | 10 | Yes |  |
| 10 | Magnetic Stirrers with Thermostat | 10 | 10 | Yes |  |
| 11 | Vacuum Pump | 01 | 01 | Yes |  |
| 12 | Digital pH meter | 01 | 01 | Yes |  |
| 13 | Microwave Oven | 02 | 02 | Yes |  |
| **Apparatus:** | |  |  |  |  |
| **Sl. No.** | **Name** | **Minimum required Nos.** | **Available** | **Working** | **Remarks of** |
|  |  |  | **Nos.** | **Yes / No** | **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 | 20 | 20 | Yes |  |
|  | necked |  |  |  |  |
| 4 | Burettes | 100 | 100 | Yes |  |
| 5 | Arsenic Limit Test Apparatus | 25 | 25 | Yes |  |
| 6 | Nesslers Cylinders | 50 | 50 | 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** | **Available** | **Working** | **Remarks of** |
|  |  | **Required Nos.** | **Nos.** | **Yes / No** | **the Inspectors** |
| 1 | Mechanical stirrers | 20 | 20 | Yes |  |
| 2 | Homogenizer | 10 | 10 | Yes |  |
| 3 | Digital balance | 05 | 05 | Yes |  |
| 4 | Microscopes | 10 | 10 | Yes |  |
| 5 | Stage and eye piece micrometers | 15 | 15 | Yes |  |
| 6 | Brookfield’s viscometer | 01 | 01 | Yes |  |
| 7 | Tray dryer | 01 | 01 | Yes |  |
| 8 | Ball mill | 01 | 01 | Yes |  |

**Signature of the Head of the Institution** **Signature of the Inspectors**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 9 | Sieve shaker with sieve set |  | 01 | 01 | Yes |  |
| 10 | Double cone blender |  | 01 | 01 | Yes |  |
| 11 | Propeller type mechanical agitator |  | 05 | 05 | Yes |  |
| 12 | Autoclave |  | 01 | 01 | Yes |  |
| 13 | Steam distillation still |  | 01 | 01 | Yes |  |
| 14 | Vacuum Pump |  | 01 | 01 | Yes |  |
| 15 | Standard sieves, sieve no. 8, 10, 12,22,24, 44, |  | 10 sets | 10 sets | Yes |  |
|  | 66, 80 |  |  |  |  |  |
| 16 | Tablet punching machine |  | 01 | 01 | Yes |  |
| 17 | Capsule filling machine |  | 01 | 01 | Yes |  |
| 18 | Ampoule washing machine |  | 01 | 01 | Yes |  |
| 19 | Ampoule filling and sealing machine |  | 01 | 01 | Yes |  |
| 20 | Tablet disintegration test apparatus IP |  | 02 | 02 | Yes |  |
| 21 | Tablet dissolution test apparatus IP |  | 01 | 01 | Yes |  |
| 22 | Monsanto’s hardness tester |  | 02 | 02 | Yes |  |
| 23 | Pfizer type hardness tester |  | 01 | 01 | Yes |  |
| 24 | Friability test apparatus |  | 01 | 01 | Yes |  |
| 25 | Clarity test apparatus |  | 01 | 01 | Yes |  |
| 26 | Ointment filling machine |  | 01 | 01 | Yes |  |
| 27 | Collapsible tube crimping machine |  | 01 | 01 | Yes |  |
| 28 | Tablet coating pan |  | 01 | 01 | Yes |  |
| 29 | Magnetic stirrer, 500ml and 1 liter capacity with |  | 05 EACH | 05 each | Yes |  |
|  | speed control |  |  |  |  |  |
| 30 | Digital pH meter |  | 01 | 01 | Yes |  |
| 31 | All purpose equipment with all accessories |  | 01 | 01 | Yes |  |
| 32 | Aseptic Cabinet |  | 01 | 01 | Yes |  |
| 33 | BOD Incubator |  | 02 | 02 | Yes |  |
| 34 | Bottle washing Machine |  | 01 | 01 | Yes |  |
| 35 | Bottle Sealing Machine |  | 01 | 01 | Yes |  |
| 36 | Bulk Density Apparatus |  | 02 | 02 | Yes |  |
| 37 | Conical Percolator (glass/ copper/ stainless steel) |  | 10 | 10 | Yes |  |
| 38 | Capsule Counter |  | 02 | 02 | Yes |  |
| 39 | Energy meter |  | 02 | 02 | Yes |  |
| 40 | Hot Plate |  | 02 | 02 | Yes |  |
| **Signature of the Head of the Institution** | | **Signature of the Inspectors** | | | | |
|  |  |  | |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 41 | Humidity Control Oven |  | 01 |  |  |  |  |  |  |
| 42 | Liquid Filling Machine |  | 01 |  |  |  |  |  |  |
| 43 | Mechanical stirrer with speed regulator |  | 02 |  |  |  |  |  |  |
| 44 | Precision Melting point Apparatus |  | 01 |  |  |  |  |  |  |
| 45 | Distillation Unit |  | 01 |  |  |  |  |  |  |
| **Apparatus:** | |  |  |  |  |  |  |  |  |
| **Sl. No.** | **Name** | **Minimum required Nos.** | |  | **Available** |  | **Working** |  | **Remarks of the** |
|  |  |  |  |  | **Nos.** |  | **Yes / No** |  | **Inspectors** |
| 1 | Ostwald’s viscometer | 20 | |  | 20 |  | Yes |  |  |
| 2 | Stalagmometer | 20 | |  | 20 |  | Yes |  |  |
| 3 | Desiccator\* | 10 | |  | 10 |  | Yes |  |  |
| 4 | Suppository moulds | 20 | |  | 20 |  | Yes |  |  |
| 5 | Buchner Funnels (Small, medium, large) |  | 05 each |  | 05 each |  | Yes |  |  |
| 6 | Filtration assembly | 01 | |  | 01 |  | Yes |  |  |
| 7 | Permeability Cups | 05 | |  | 05 |  | Yes |  |  |
| 8 | Andreason’s Pipette | 05 | |  | 05 |  | 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** | **Working** | **Remarks of the** |
|  |  |  | **Nos.** | **Yes / No** | **Inspectors** |
| 1 | Orbital shaker incubator | 01 | 01 | Yes |  |
| 2 | Lyophilizer (Desirable) | 01 | 01 | Yes |  |
| 3 | Gel Electrophoresis | 01 | 01 | Yes |  |
|  | (Vertical and Horizontal) |  |  |  |  |
| 4 | Phase contrast/Trinocular Microscope | 01 | 01 | Yes |  |
| 5 | Refrigerated Centrifuge | 01 | 01 | Yes |  |
| 6 | Fermenters of different capacity | 01 | 01 | Yes |  |
|  | (Desirable) |  |  |  |  |
| 7 | Tissue culture station | 01 | 01 | Yes |  |
| 8 | Laminar airflow unit | 01 | 01 | Yes |  |

**Signature of the Head of the Institution** **Signature of the Inspectors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9 | Diagnostic kits to identify infectious | 01 | 01 | Yes |  |
|  | agents |  |  |  |  |
| 10 | Rheometer | 01 | 01 | Yes |  |
| 11 | Viscometer | 01 | 01 | Yes |  |
| 12 | Micropipettes (single and multi channeled) | 01 each | 01 each | Yes |  |
| 13 | Sonicator | 01 | 01 | Yes |  |
| 14 | Respinometer | 01 | 01 | Yes |  |
| 15 | BOD Incubator | 01 | 01 | Yes |  |
| 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.** | **Name** | **Minimum required** | **Available** | **Working** | **Remarks of the** |
| **No.** |  | **Nos.** | **Nos.** | **Yes / No** | **Inspectors** |
| 1 | Colorimeter | 01 | 01 | Yes |  |
| 2 | Digital pH meter | 01 | 01 | Yes |  |
| 3 | UV- Visible Spectrophotometer | 01 | 01 | Yes |  |
| 4 | Flourimeter | 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 | 01 | 01 | Yes |  |
|  | (Desirable) |  |  |  |  |
| 11 | HPLC | 01 | 01 | Yes |  |
| 12 | HPTLC (Desirable) | 01 | 01 | Yes |  |

**Signature of the Head of the Institution** **Signature of the Inspectors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 13 | Atomic Absorption and Emission spectrophotometer | 01 | 01 | Yes |  |
|  | (Desirable) |  |  |  |  |
| 14 | Biochemistry Analyzer (Desirable) | 01 | 01 | Yes |  |
| 15 | Carbon, Hydrogen, Nitrogen Analyzer (Desirable) | 01 | 01 | Yes |  |
| 16 | Deep Freezer (Desirable) | 01 | 01 | Yes |  |
| 17 | Ion- Exchanger | 01 | 01 | Yes |  |
| 18 | Lyophilizer (Desirable) | 01 | 01 | Yes |  |

**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**

**1**

**. Signature of Inspectors:**

**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.**

1. **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 | Photograph |
| Signed by Dean/Principal of the College. |  |

Date of Birth & Age ………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification** | **College &** | **Year** | **Registration No.** | **Name of the State** |
|  | **University** |  | **with State** | **Pharmacy Council** |
|  |  |  | **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

::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 | | | | Office : | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
| with Code | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | 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).**

1. 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.

Contd. on page 3

::3::

1. I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

|  |  |  |
| --- | --- | --- |
|  | **Amount Received** | **TDS** |
|  |  |  |
| April, 20\_\_ |  |  |
| May, 20\_\_ |  |  |
| June, 20\_\_ |  |  |
| July, 20\_\_ |  |  |
| August, 20\_\_ |  |  |
| September, 20\_\_ |  |  |
| October, 20\_\_ |  |  |
| November, 20\_\_ |  |  |
| December, 20\_\_ |  |  |
| January, 20\_\_ |  |  |
| February, 20\_\_ |  |  |
| March, 20\_\_ |  |  |

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

P.A.N. : Circle :

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
2. 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 :