

# PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting D. Pharm course  
(To be filled and submitted to PCI by an organization seeking  
approval of the course / continuation of the approval)

(SIF-A)

To be filled up by P.C.I.

Inspection No. :

FILE No. :

To be filled up by inspectors

Date of Inspection:

NAME OF THE INSPECTORS: 1.  
(BLOCK LETTERS)

2.

## PART – I

### A - GENERAL INFORMATION

<b>A – I. 1</b> Name of the Institution: Complete Postal address STD code Telephone No. Fax No. E-mail:	Hyderabad Karnataka Education Society's Institute of Pharmacy, Sedam road, KALABURAGI – 585105 08472- 220337 221532 hkesiop2222@gmail.com
Year of starting of the course	2018-19
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private <u>ENCLOSURE - I</u>
<b>A – I. 2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Prof. R. M. Patil, Administrative Officer Hyderabad Karnataka Education Society SAC Building PDA Engg. College Campus Aiwan-E-Shahi; KALABURAGI – 585102 KARNATAKA 08472-220337, 221532 <a href="mailto:Schkesociety@gmail.com">Schkesociety@gmail.com</a> hkesociety.org
<b>A – I. 3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Mobile No. Fax No E-Mail	Hyderabad Karnataka Education Society SAC Building PDA Engg. College Campus Aiwan-E-Shahi; KALABURAGI – 585102 08472-220337, 221532 <a href="mailto:Schkesociety@gmail.com">Schkesociety@gmail.com</a> hkesociety.org
<b>A – I. 4</b> Name and Address of the Head of the Institution	Dr. K. Purushottam Rao, Principal
<b>A – I. 4 a)</b> Whether the Jan Aushadhi Medical Store has been opened by your institution	No

Signature of the Head of the Institute

Signature of the Inspectors

**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
D. Pharm	2018-19 (Continuation)	077166	10-07-2017

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm	2017-18	Approval Letter No. and Date	17-46(2)/2016 - PCI	HKES/A1/GC/2016-17/911	
		Approved Intake	06-10-2016	60	
		Actually Admitted	60	60	

**c. STATUS OF APPLICATION**

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	√Yes	No	Yes	√No	Current Intake	Proposed increase in Intake
D. Pharm	√Yes	No	Yes	√No	60	

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	Yes
Wing of another college	No
Separate Campus	Yes
Multi Institutional Campus	No

Examining Authority:

Board of Examining Authority, Govt. College of Pharmacy,

P Kaling Rao road, Subbaiah circle, Bengaluru – 27 080-2248 3456, +91 94480 54321

Signature of the Head of the Institution

Signature of the Inspectors

## B - DETAILS OF THE INSTITUTION

<b>B – I.1</b> Name of the Principal		<b>Dr K. Purushottam Rao</b> , M Pharm Ph D			
<b>Qualification / Experience</b>	<b>Qualification</b>		<b>Teaching Experience Required</b>	<b>Actual Experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	Yes	05 years	34 years	
	Ph D (Desirable)	Yes	02 years		

\* Documentary evidence should be provided

**B – I.2**

For Institution seeking continuation of approval – Yes

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced / stopped in the last 03 years
D. Pharm	3 <sup>rd</sup> & 4 <sup>th</sup> July 2017	Satisfactory	Complied	No

\*Enclose Documents

**B – I.3**

Pay Scales: -NA-

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE / UGC / State Govt. √Yes /No	√Yes /No	√Yes /No	√Yes /No	
Non-Teaching Staff	State Govt. √Yes /No	√Yes /No	√Yes /No	√Yes /No	

**B – I.4**

D. Pharm Course: Admission statement for the past three years

ACADEMIC YEAR	2017-18	200-	200-
Sanctioned	60	NA	NA
No. of Admissions	60	NA	NA
Unfilled Seats	-NIL-	NA	NA
No. of Excess Admissions	-NIL-	NA	NA

**B – I.5**

Academic information: Percentage of D. Pharm results for the past three years

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm	NA	NA	NA

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	<b>NA</b>
NSS Programme Officer's Name	<b>NA</b>
Programme conducted (mention details)	<b>NA</b>
Whether students participating in University level cultural activities / Co-curricular / sports activities	<b>NA</b>
Physical Instructor	<b>√Available / Not available</b>
Sports Ground	<b>Individual / Shared √</b>

**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 - Enclosed**

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

**Note: Enclose relevant documents**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART- II PHYSICAL INFRASTRUCTURE**

1.a. Building : **Own/Rented/Leased**

b. Land:

i) Leased or own Leased Own  Yes

Sale / Agreement deed (records to be enclosed) : **Enclosed/Not available**

c. Building: Leased  Rented

i) Leased/Rented <sup>†</sup> (Record to be enclosed) : **√Enclosed/Not available - Enclosure**

ii) If Own (Approved Building plan & sale deed to be enclosed) : **√Enclosed/Not available - Enclosure**

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

Amenities and Circulation Area

**2. Class rooms:**

**Total Number of Class rooms provided**

Class	Required	Available	Required Area* for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts	90 Sq. mts	

(\* To accommodate 60 students)

**3. Laboratory requirement**

S. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks / deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D. Pharm	50 Sq. mts x n (n=05)	05	480	
2	Pharmaceutics	01 Laboratory	01	80	
	Pharmaceutical Chemistry	01 Laboratory	01	80	
	Physiology and Pharmacology	01 Laboratory	01	80	
	Pharmacy Practice	01 Laboratory	01	80	
	Pharmacognosy	01 Laboratory	01	75	
	<b>Total no. of Labs for D. Pharm Course</b>	<b>05 Laboratories</b>			
	*Animal House	01 (10 sq. mts)			
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)	<b>01</b>	<b>10</b>	
4	Area of the Machine Room	100 Sq. mts	01	100	
5	Aseptic Room	25 Sq. mts	01	25	
6	Store room - I	1 (Area 20 Sq.mts)	01	60	
7	Store room – II (For Inflammable chemicals)	1 (Area 20 Sq. mts)	01	20	

- **Not required if computer simulated software are available**

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 workbenches 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 as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	20 Sq mts	01	20	
2	Office – I Including Confidential Room	01	40 Sq mts	01	40	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	40	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	120	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	30	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	250	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	Adequate	

**Signature of the Head of the Institution**

**Signature of the Inspectors**

### 5. Student Facilities:

Sl. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	40 Sq mts	01	60	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	60	
3	Toilet Blocks for Boys	01	25 Sq mts	01	30	
4	Toilet Blocks for Girls	01	25 Sq mts	01	30	
5	Canteen (Desirable)	01	100 Sq mts			
6	Drinking Water facility Water Cooler (Essential)	01		01	--	
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	01	120	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	01	120	
9	Power Backup Provision (Desirable)	01		01	00	

### 6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	06	06	00	
Printers	1 printer for every 10 computers	06	06	00	
Xerox Machine	01	01	01	00	
Multi Media Projector	02	02	02	00	

### 7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	01	80	yes	
Staff quarters	6 x 80 Sq. mts	00	00	Not ava	
Parking Area for staff and students		01	500	Avail.	
Bank Extension Counter		01	500	Avail.	
Co operative Stores		00	00	Avail.	
Guest House	80 Sq. mts	01	80	Avail.	
Transport Facilities for Students		01	00	Avail.	
Medical Facility (First Aid)		yes	00	Avail.	

Signature of the Head of the Institution

Signature of the Inspectors

### 8. A. Library books and periodical

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
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	66	762	
2	Annual addition of books		75 books per year	04	+100	
3	Periodicals Hard copies / online		06 National Journals Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS MIMS Indian Journal of Experimental Biology.			
4	Library timings					

### 8.B. Subject wise Classification:

Sl.No.	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	10	43	
2	Pharmaceutical Chemistry – I	10	100	
3	Pharmacognosy	08	75	
4	Biochemistry and Clinical Pathology	05	80	
5	Human Anatomy and Physiology	05	96	
6	Health Education and Community Pharmacy	05	75	
7	Pharmaceutics – II	05	40	
8	Pharmaceutical Chemistry – II	05	73	
9	Pharmacology and Toxicology	05	50	
10	Pharmaceutical Jurisprudence	04	110	
11	Drug Store and Business Management	04	60	
12	Hospital and Clinical Pharmacy	04	60	

### 8.C. Library Staff:

Sl.No.	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	D. Lib	1	01	
2	Library attenders	10+2 / PUC	1	01	

**Note:** The information provided will be assessed in giving the period of approval

Signature of the Head of the Institution

Signature of the Inspectors

### PART III ACADEMIC REQUIREMENTS

#### Course Curriculum

1. Student Staff Ratio Theory **60:1** Practicals **20: 1**  
(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. Date of commencement of session:

Commencement	Completion
01/08/2019	31/03/2020

3. Vacation: No. of days Summer: 15 Winter: \_\_\_\_\_  
4. Total Number of working days: 180  
5. Time Table: Enclosed

Time table for I and II D. Pharm Enclosed YES  NO \_\_\_\_\_

6. Whether the prescribed numbers of classes are being conducted as per PCI norms

Class / Subject	Theory		Practicals				Remarks 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	
<b>I D. Pharm</b> <span style="float: right;">Class started from 01/08/2017 as on 28/08/2017</span>							
. Pharmaceutics – I	75		100	04	25	02	
Pharmaceutical Chemistry – I	75		75	04	25	02	
Pharmacognosy	75		75	04	25	02	
Biochemistry and Clinical Pathology	50		75	04	25	02	
Human Anatomy and Physiology	75		50	05	25	03	
Health Education and Community Pharmacy	50		---	04	---	---	
<b>II D. Pharm</b> <span style="float: right;">NA</span>							
Pharmaceutics – II	75		100		25	NA	
Pharmaceutical Chemistry – II	100		75		25	NA	
Pharmacology and Toxicology	75		50		25	NA	
Pharmaceutical Jurisprudence	50		---		---	NA	
Drug Store and Business Management	75		---		---	NA	
Hospital and Clinical Pharmacy	75		50		25	NA	

Signature of the Head of the Institution

Signature of the Inspectors

7. whether internal Assessments are conducted periodically as per PCI norms

Yes  No

**8. Whether Evaluation of the internal assessments**

Yes  No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60%-80%		No. of Candidates less than 50%				Remarks the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I D.Pharm	NA	NA							
II. D. Pharm	NA	NA							

**9. Worked of Faculty members for D. Pharm Enclosed**

Sl.No	Name of the Faculty	Subjects taught	D.Pharm				Total work Load	Remark of the Inspector
			I D.ph		II.Ph			
			Th	Pr	Th	Pr		

Signature of the Head of the Institution

Signature of the Inspectors

## Teaching Staff - Enclosed

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

Sl. No	Name	Designation	Qualification	Date of Joining	Teaching experience		State Pharmacy council Reg.No	Signature of the Faculty	Remarks of the Inspectors
					After UG	After PG			

### 2. Qualification and number of Staff Members - Enclosed

Number of staff members required : 07

Qualification			
B.Pharm	M.Pharm	PhD	Others-Full Time

### 3. Details of Faculty Retention for: 100 %

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.	

### 4. Details of Faculty Turnover: NA

Name of Faculty	Period	More than 50%	50%	25%	Less than 25%
	% of Faculty retained in last 3 yrs				

### 5. No. of Non-Teaching staff available for D. Pharm course for intake of 60 students

Sl No.	Designation	Required Number	Required Qualification	Available		Remarks
				Number	Qualification	
1	Laboratory Technician	02	D.Pharm	02	D.Pharm	
2	Laboratory Assistants/ Attenders	04	SSLC	04	SSLC	
3	Office Superintendent	01	Degree	01	B.A	
4	Accountant cum-clerk	01	Degree	01	B.A	
5	Store keeper	01	D. Pharm	01	D.Pharm	
6	Computer Data operator	01	10+2 with computer training	01	B.A	
7	Peon	02	SSLC	02	SSLC	
8	Cleaning Personnel	04	-----	04	-----	
9	Gardener	01	-----	01	-----	

Signature of the Head of the Institution

Signature of the Inspectors



## PART V-DOCUMENTATION

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions registers			
2	Individual service register			
3	Staff attendance registers			
4	Sessional marks register			
5	Final marks register			
6	Student attendance registers			
7	Minutes of meetings- teaching staff			
8	Fee paid registers			
9	Acquaintance registers			
10	Accession register for books and journal in library			
11	Log book of chemicals and equipment costing more than rupees one lakh			
12	Job cards for laboratories			
13	Standard operating procedures (SOP's) for equipment			
14	Laboratory manuals			
15	Stock register for equipment			
16	Animal house records as per CPCSEA			

**Signature of the Head of the Institution**

**Signature of the Inspectors**

1. Financial resources allocation and utilization for the past three years.  
(Audited accounts for the previous year to be enclosed)

Sl.No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remark of the Inspectors
	Total budget sanctioned	Recurring	Non-Recurring	Total budget sanctioned	Recurring	Non-Recurring	Total budget sanctioned	Recurring	Non-Recurring	

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

Sl.No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remark of the Inspectors
	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	
	Chemicals			Chemicals						
	Glassware									

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

Sl.No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remark of the Inspectors
	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	
	Equipment			Equipment			Equipment			

Signature of the Head of the Institution

Signature of the Inspectors

**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 the Inspe
	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	Total budget allocated	sanctioned	Incurred	
1	<b>Books</b>						<b>10,0000</b>	<b>10,0000</b>		
2	<b>Journals</b>						<b>50,000</b>	<b>50,000</b>		

\*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

**D.Pharm**

**PHARMACEUTICS**

**Equipment:**

Sl. No	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Continuous hot extraction equipment	05			
2	Conical percolator	05			
3	Tincture press	01			
4	Hand grinding mill	01			
5	Disintegrator	01			
6	Ball mill	01			
7	Hand operated tablet machine	01			
8	Tablet coating pan unit with hot air blower laboratory size	01			
9	Polishing pan laboratory size	01			
10	Monsanto's hardness tester	01			
11	Pfizer type hardness tester	01			
12	Tablet disintegration test apparatus IP	01			
13	Tablet dissolution test apparatus IP	01			
14	Granulating sieve set	10			
15	Tablet counter-small size	05			
16	Friability tester	01			
17	Collapsible tube- filling and sealing equipment	01			
18	Capsule filling machine – lab size	01			
19	Digital balance	01			
20	Distillation unit for distilled water	02			
21	Deionization unit	01			
22	Glass distillation unit for water for injection	01			
23	Ampoule washing machine	01			
24	Ampoule filling and sealing machine	01			
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate			
26	Millipore filter (3grades)	Adequate			
27	Autoclave	01		Yes	
28	Hot air sterilizer	01		Yes	
29	Incubator	01		Yes	

30	Aseptic cabinet	01		Yes	
31	Ampoule clarity test equipment	01		Yes	
32	Blender	01		Yes	
33	Sieves set (pharmacopoeial standards )	02		Yes	
34	Lab centrifuge	01		Yes	
35	Ointment slab	Adequate		Available	
36	Ointment spatula	Adequate		Available	
37	Pestle and mortar porcelain	Adequate		Available	
38	Pestle and mortar glass	Adequate		Available	
39	Suppository moulds of three sizes	Adequate		Available	
40	refrigerator	01		Yes	

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

### PHARMACEUTICAL CHEMISTRY

#### Equipment

Sl.No.	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks of the inspectors.
1	Refractometer	01	01		
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	Available	Yes	

**Note : adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department**

Signature of the head of institution

Signature of the inspectors

## PHYSIOLOGY & PHAARMACOLOGY LABORATORY EQUIPMENT

SL. No.	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks of the Insspectors.
1	Haemoglobinometer	20	20		
2	Haemocytometer	10	10		
3	Student's organ bath	1	01		
4	Sherington's rotating drum	1	01		
5	Frog board	Adequate	Available		
6	Tray (dissecting)	Adequate	Available		
7	Frontal writing lever	Adequate	Available		
8	Aeration tube	Adequate	Available		
9	Telethermometer	1	1		
10	Pole climbing apparatus	1	1		
11	Histamine chamber	1	1		
12	Simple lever	Adequate	Available		
13	Staring heart lever	Adequate	Available		
14	Aerator	Adequate	Available		
15	Histological slides	Adequate	Available		
16	Sphygmomanometer( B.P. apparatus)	5	5		
17	Stethoscope	5	5		
18	First aid equipment	Adequate	Available		
19	Contraceptive device	Adequate	Available		
20	Dissecting (surgical) instruments	Adequate	Available		
21	Balance for weighing small animals	1	1		
22	Kymograph paper	Adequate	Available		
23	Actophotometer	1	1		
24	Analgesiometer	1	1		
25	Thermometer	Adequate	Available		
26	Plastic animal cage	Adequate	Available		
27	Double unit organ bath with thermostat	1	1		
28	Refrigerator	1	1		
29	Single pan balance	1	Available		
30	Charts	adequate	Available		
31	Human skeleton	1			
32	Anatomical specimen (heart, brain, eye , ear, reproductive system etc.,)	1 set			

33	Electro-convulsimeter	1			
34	Stop watch	Adequate	Available		
35	Clamp, boss heads, screw clips	Adequate	Available		
36	Syme's cannula	Adequate	Available		

**Note: adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department**

#### **PHARMCOGNOSY LABORATORY**

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	Available	Yes	
3	Models (different types)	Adequate	Available	Yes	
4	Permanent slides	Adequate	Available	Yes	
5	Slides and cover slips	Adequate	Available	Yes	

Note : adequate numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department

#### **PHARMACY PRACTICE LABORATORY**

##### **Equipment:**

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

8	Filling Machine	1	1	Yes	
9	Sealing Machine	1	1	Yes	

10	Autoclave sterilizer	1	1	Yes	
11	Membrane filter	1 unit	1	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	Available	Yes	
13	Small disposable membrane filter for IV admixture filtration	Adequate	Available	Yes	
14	Laminar air flow bench	1	1	Yes	
15	Vacuum pump	1	1	Yes	
16	Oven	1	1	Yes	
17	Surgical dressing	Adequate	Available	Yes	
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	1	Yes	
24	Thermostatic bath	1	1	Yes	

NOTE; Adequate numbers of glassware 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 institution**

**Signature of the inspectors**

**Observation of the inspectors:**

**Compliance of the last recommendations by inspectors**

**No deficiencies pointed out compliance letter copy enclosed**

**Specific observation 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, opinion 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**