

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions for starting of 1st year B. Pharm course as per The Bachelor of Pharmacy(B.Pharm) Course Regulations,2014.

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

(SIF-B-2)

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	Department of Pharmacy KGR Institute of Technology and Management SY.NO419,Rampally-501301,TELANGANA 040 20800123 04027260508 principalkgritm@gmail.com
Year of starting of the course	2018-19, NEW APPLICATION
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Karunamaya Educational And Social Awareness Society Private - Unaided (Copy of Society Registration is enclosed) Encl---1
A – I .2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Karunamaya Educational And Social Awareness Society 1-4- 180/74, 3 rd Avenue Road, Sri Sai Baba Officers Colony, Sainikpuri, Hyderabad-500094, Telangana (Copy of Documentary evidences enclosed) Encl-- 2 040 20080123 04027260508 govindreddy_k@yahoo.com www.kgrinstitutes.com
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	K. Govinda Reddy 1-4-180/74, 3 rd Avenue Road, Sri Sai Baba Officers Colony, Sainikpuri, Hyderabad-500094, Telangana 040 20080123 9347143444,9848022014 04027260508 govindreddy_k@yahoo.com
A – I .4 Name and Address of the Head of the Institution	Dr Vijaya Kumar Gampa Department of Pharmacy KGR Institute of Technology and Management SY. No. 419, Rampally (Vill), Keesara (Mdl) Medchal Malkajgiri (Dist), Hyderabad, Telangana Vijaytanu71@rediffmail.com Ph.No: 9849171547, Res: 7013123247
A – I .4 a) Whether the Jan Aushadhi Medical Store has been opened by your institution	Yes /No√ (Please tick () the relevant portion)

A –I . 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

a. Details of Affiliation Fee Paid ----- NEW APPLICATION-----Encl.....3

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

b. APPROVAL STATUS: ----- NEW APPLICATION

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Insp
B. Pharm		Approval Letter No and Date		Applied for Approval	Applied for Approval	
		Approved Intake				
		Actually Admitted				

c. STATUS OF APPLICATION

COURSES INSPECTED					
Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks
	Yes	No	Yes	No	Current Intake
B. Pharm	Yes	No	Yes	No	

----- NEW APPLICATION

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 Details

Yes

No

A - I. 6 a

Status of the Pharmacy Course:

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

Examining Authority : Controller of Examinations,
 With complete postal Address, Osmania University, Hyderabad, Telangana
 Telephone No. and STD Code. 040-27682374

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B -I .1 Name of the Principal		Dr. Gampa Vijay Kumar			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		15 years, out of which 5 years as Prof. / HOD	22 Years	
	PhD		10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

Encl---4

B -I .2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm		New Application-----NA		

* Enclose Documents

B -I .3

Encl---5

Status of Governing Council:	Government/Trust/Society/Individual / University
Details of the Governing Body	Enclosed / Not Enclosed
Minutes of the last Governing council Meeting	Enclosed / Not Enclosed

B -I .4

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt. Yes / No <input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	
Non- Teaching Staff	State Government Yes / No <input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	

B -I .5

B. Pharm Course: Admission Statement for the Past Three Years - New Application

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
Sanctioned			
No. of Admissions	New Application-----NA		
Unfilled Seats			
No. of Excess 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 ----- New Application

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
1st year			
2nd year			
3rd year			
Final year			
Pass % (Final Year)			

B – II

Co – Curricular Activities / Sports Activities ----- New Application

Whether college has NSS Unit (Yes/No)? If no give reasons	No
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared

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)

Encl---6

C.2 Please provide following Information

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

Note: Enclose relevant documents Encl---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 / Not Available**
 a) 2.5 acres District HQ/Corporation/Municipality limit b) 0.5 acre for City / Metros ✓
- b. Building : **Own/Rented/Leased**
- c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : **Enclosed/Not available** Encl---8
- d. Building[†]:
 i) Approved Building plan, to be Enclosed : **Enclosed/Not available** Encl---9
- e. Total Built Area of the college building in Sq.mts : Built up Area
 Amenities and Circulation Area

2. Class rooms:

Total Number of Class rooms provided at the end of 4 Year Course -----New Application

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	04	02	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	75 Sq. mts each	

(*To accommodate 60 students).

3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) – Including Preparation room – Desirable 75 Sq. mts - Essential		
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	01Lab, 77 Sq. mts 01Lab, 77 Sq. mts 01Lab, 77 Sq. mts 01Lab, 77 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)	10	
4	Area of the Machine Room	80-100 Sq.mts	80	
5	Central Instrumentation Room	80 Sq.mts with A/ C	88	
6	Store Room – I	1 (Area 100 Sq mts)	100	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20	

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

5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	1	20	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	1	50	

6. Museum, Library, Animal House and other Facilities

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	1	80	
2	Library	01	150 Sq mts	1	150	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	Displayed		
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	170	
5	Seminar Hall	01		1	134	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants			

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	1	102	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	102	
3	Toilet Blocks for Boys	01	24 Sq.mts	1	119	
4	Toilet Blocks for Girls	01	24 Sq.mts	1	119	
5	Drinking Water facility – Water Cooler (Essential).	01		1	10	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy			
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)			
8	Power Backup Provision (Desirable)	01		1	10	

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	1	150	
Computer (Latest Configuration)	1 system for every 10 students	10		
Printers	1 printer for every 10 computers	2		
Multi Media Projector	01	1		
Generator (5KVA)	01	1		

Signature of the Head of the Institution

Signature of the Inspectors

9. Amenities (Desirable) -----New Application

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

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: -----Encl.....10

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	150	1502	
2	Annual addition of books		100 to 150 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals	Available		
4	CDS		Adequate Nos	Available		
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Available		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available		
7	Library Automation and Computerized System					
8	Library Timings			09.00AM To 5.15 PM		

10.B. Library Staff: -----Encl.....11

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	1	1	
2	Assistant Librarian	D. Lib	1	1	
3	Library Attenders	10 +2 / PUC	2	1	

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

----- NEW APPLICATION

**1. Student Staff Ratio:
Inspectors**

Theory Practicals Remarks of the

(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
DD/MM/YY	DD/MM/YY

No of Days

No of Days

4. Vacation:

Summer:

Winter:

5. Total No. of working days:

6. Time Table:

Time Table for B. Pharm course **Enclosed** 12

Yes

No

7. Whether the prescribed numbers of classes are being conducted as per university norms

I B. Pharm:

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

II B. Pharm:

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

III B. Pharm:

Signature of the Head of the Institution

Signature of the Inspectors

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

IV B. Pharm:

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

8. Whether Tutorials are being conducted (if any, as per university norms)

9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last Three years.

A.

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures			
Seminars			
Workshops			
Symposia			

B. Papers Presented / Published during last three years

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
Published						
Presented						

Signature of the Head of the Institution

Signature of the Inspectors

10. Whether Internal Assessments are conducted periodically as per university norms ---New Application

Yes No

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

11. Whether Evaluation of the internal assessments is Fair Yes No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B. Pharm									
II B. Pharm									
III B. Pharm									
IV B. Pharm									

12. Work load of Faculty members for B. Pharm

Sl. No	Name of the Faculty	Subjects taught	B. Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		

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

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared			
No. of Students Qualified			
Percentage			

14. Whether the Institution has an Industry – Institution Interaction cell Yes No

If applicable please give the details for the previous Year---- New Application

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Year	Year 200-	Year 200-	Year 200-
No. of students appeared for campus interview	----- New Application		
% Placed			

16. Whether Professional Society Activities are Conducted (Enclose Details) (ISTE, IPA, APTI, ICTA and Related Societies) ----- New Application

Yes	No
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Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF:

1. Details of Teaching Faculty for B.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 PG			
Staff List Enclosed as Encl-----13								

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time

3. Teaching Staff required year wise exclusively for B.Pharm for intake of 60 Students.

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1	1	1		1		1	
Pharmaceutical Chemistry	1		2		3		4	
Pharmaceutical Analysis	1	1	--		-		1	
Pharmacology	1	2	2		3		4	
Pharmacognosy			2		3		3	
Pharmaceutics	1	2	2		3		4	
Total	5	6	9		13		17	
Part time teaching Staff	3	3	-		-		-	
Remarks of the Inspection Team								

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

Ratio of staff - Prof. (2): Asst. Prof. (2): Lecturer (2)

4. Staff Pattern for B. Pharm courses Department wise / Division wise: Encl-----14
 Professor: Asst. Professor: Lecturer

Signature of the Head of the Institution

Signature of the Inspectors

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

5. Selection criteria and Recruitment Procedure for Faculty: Yes

a.	Whether Recruitment Committee has been formed	Yes / No
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes / No
c.	Whether Demonstration Lecture has been conducted	Yes / No
d.	Whether opinion of Recruitment Committee Recorded	Yes / No

6. Details of Faculty Retention for: -----New Application

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
	Less than 5 yrs.	

7. Details of Faculty Turnover: ----- New Application

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

Signature of the Head of the Institution

Signature of the Inspectors

8. Number of Non-teaching staff available for B. Pharm course for intake of 60 Students:--Encl-----15

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

Signature of the Head of the Institution

Signature of the Inspectors

9. Scale of pay for Teaching faculty (to be enclosed): ----- NEW APPLICATION -----Encl-----16

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

10. Whether facilities for Research / Higher studies are provided to the faculty? ---- New Application

(Inspectors to verify documents pertaining to the above)

11. Whether faculty members are allowed to attend workshops and seminars? ----- New Application

(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: Promotions

Yes No

13. Gratuity Provided

Yes

14. Details of Non-teaching staff members (list to be enclosed): ----- NEW APPLICATION-----Encl-----17

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

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

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION**Records Maintained: Essential**

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Registers	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 than Rupees one lakh	Yes		
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) -----New Application-----Encl-----18

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	
1										

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

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Chemicals	100000.00		57004.00	Chemicals			Chemicals		
	Glassware	300000.00		259560.00	Glassware			Glassware		

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

(Enclose purchase invoice)

-----New Application

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Equipment	2500000.00		1925296.00	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: ----Encl-----19

SI 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	600000.00	515450.00	Books			Books			
2	Journals	50000.00	31600.00	Journals			Journals			

*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	15	15	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	05	05	Yes	
6	Stethoscope	05	05	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 system	Adequate	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	1	Yes	
11	Different Contraceptive Devices and Models	One set of each device	1	Yes	
12	Muscle electrodes	01			
13	Lucas moist chamber	01			
14	Myographic lever	01	1	Yes	
15	Stimulator	01	1	Yes	
16	Centrifuge	01	1	Yes	
17	Digital Balance	01	1	Yes	
18	Physical /Chemical Balance	01	1	Yes	
19	Sherrington's Kymograph Machine / Polyrte	10	10	Yes	

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20	Sherrington Drum	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	
22	Aerators	10	10	Yes	
23	Computer with LCD	01	1	Yes	
24	Software packages for experiment	01	1	Yes	
25	Standard graphs of various drugs	Adequate number	Adequate	Yes	
26	Actophotometer	01	1	Yes	
27	Rotarod	01	1	Yes	
28	Pole climbing apparatus	01	1	Yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	1	Yes	
30	Convulsiometer	01	1	Yes	
31	Plethysmograph	01	1	Yes	
32	Digital pH meter	01	1	Yes	

Apparatus:

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the 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 15,24,26G	10	10	Yes	
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 Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	15	Yes	
2	Digital Balance	02	1	Yes	
3	Autoclave	02	1	Yes	
4	Hot air oven	02	1	Yes	

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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	15	15	Yes	
13	Eye piece micrometer	15	15	Yes	
14	Incinerator	01	1	Yes	
15	Moisture balance	01	1	Yes	
16	Heating mantle	15	15	Yes	
17	Flourimeter	01	1	Yes	
18	Vacuum pump	02	1	Yes	
19	Micropipettes (Single and multi channeled)	02	2	Yes	
20	Micro Centrifuge	01	1	Yes	
21	Projection Microscope	01	1	Yes	

Apparatus:

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

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	5	Yes	
2	Oven	03	1	Yes	
3	Refrigerator	01	1	Yes	

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4	Analytical Balances for demonstration	05	5	Yes	
5	Digital balance 10mg sensitivity	10	5	Yes	
6	Digital Balance (1mg sensitivity)	01	1	Yes	
7	Suction pumps	06	6	Yes	
8	Muffle Furnace	01	1	Yes	
9	Mechanical Stirrers	10	7	Yes	
10	Magnetic Stirrers with Thermostat	10	7	Yes	
11	Vacuum Pump	01	1	Yes	
12	Digital pH meter	01	1	Yes	
13	Microwave Oven	02	1	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	1	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	40	60	Yes	
5	Arsenic Limit Test Apparatus	20	20	Yes	
6	Nessler's Cylinders	40	60	Yes	

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	10	5	Yes	
2	Homogenizer	05	5	Yes	
3	Digital balance	05	5	Yes	
4	Microscopes	05	5	Yes	
5	Stage and eye piece micrometers	05	5	Yes	
6	Brookfield's viscometer	01	1	Yes	
7	Tray dryer	01	1	Yes	
8	Ball mill	01	1	Yes	

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9	Sieve shaker with sieve set	01	1	Yes	
10	Double cone blender	01	1	Yes	
11	Propeller type mechanical agitator	05	1	Yes	
12	Autoclave	01	1	Yes	
13	Steam distillation still	01	1	Yes	
14	Vacuum Pump	01	1	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	1 Set	Yes	
16	Tablet punching machine	01	1	Yes	
17	Capsule filling machine	01	1	Yes	
18	Ampoule washing machine	01	1	Yes	
19	Ampoule filling and sealing machine	01	1	Yes	
20	Tablet disintegration test apparatus IP	01	1	Yes	
21	Tablet dissolution test apparatus IP	01	1	Yes	
22	Monsanto's hardness tester	01	1	Yes	
23	Pfizer type hardness tester	01	1	Yes	
24	Friability test apparatus	01	1	Yes	
25	Clarity test apparatus	01	1	Yes	
26	Ointment filling machine	01	1	Yes	
27	Collapsible tube crimping machine	01	1	Yes	
28	Tablet coating pan	01	1	Yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH	1	Yes	
30	Digital pH meter	01	1	Yes	
31	All purpose equipment with all accessories	01			
32	Aseptic Cabinet	01	1	Yes	
33	BOD Incubator	02	1	Yes	
34	Bottle washing Machine	01	1	Yes	
35	Bottle Sealing Machine	01	1	Yes	
36	Bulk Density Apparatus	02	1	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	2	Yes	
39	Energy meter	02	2	Yes	
40	Hot Plate	02	2	Yes	

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41	Humidity Control Oven	01	1	Yes	
42	Liquid Filling Machine	01	1	Yes	
43	Mechanical stirrer with speed regulator	02	2	Yes	
44	Precision Melting point Apparatus	01	1	Yes	
45	Distillation Unit	01	1	Yes	

Apparatus:

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

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

PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01			
2	Lyophilizer (Desirable)	01			
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01			
5	Refrigerated Centrifuge	01			
6	Fermenters of different capacity (Desirable)	01			
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	1	Yes	

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9	Diagnostic kits to identify infectious agents	01	1	Yes	
10	Rheometer	01			
11	Viscometer	01	1	Yes	
12	Micropipettes (single and multi channeled)	01 each	1	Yes	
13	Sonicator	01	1	Yes	
14	Respinometer	01			
15	BOD Incubator	01	1	Yes	
16	Paper Electrophoresis Unit	01	1	Yes	
17	Micro Centrifuge	01			
18	Incubator water bath	01	1	Yes	
19	Autoclave	01	1	Yes	
20	Refrigerator	01	1	Yes	
21	Filtration Assembly	01	1	Yes	
22	Digital pH meter	01	1	Yes	

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

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	1	Yes	
2	Digital pH meter	01	1	Yes	
3	UV- Visible Spectrophotometer	01	1	Yes	
4	Flourimeter	01	1	Yes	
5	Digital Balance (1mg sensitivity)	01	1	Yes	
6	Nephelo Turbidity meter	01	1	Yes	
7	Flame Photometer	01	1	Yes	
8	Potentiometer	01	1	Yes	
9	Conductivity meter	01	1	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01			
11	HPLC	01	1	Yes	
12	HPTLC (Desirable)	01			

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13	Atomic Absorption and Emission spectrophotometer (Desirable)	01			
14	Biochemistry Analyzer (Desirable)	01	1	Yes	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01			
16	Deep Freezer (Desirable)	01			
17	Ion- Exchanger	01	1	Yes	
18	Lyophilizer (Desirable)	01			

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

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

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name

(as on University Degree certificate)

Recent Passport size photo of the Employee

Signed by Dean/Principal of the College.

Photograph

Date of Birth & Age

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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

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

Contd. on page 2

Permanent Residential

Address of employee : _____

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

STD Code

Phone No.

Phone & Fax Number with Code Office : _____
 Residence : _____

E-mail address : _____

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

Details of the previous appointments/teaching experience

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

1) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (**relieving order is enclosed from the previous institution**).

2) I, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

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

	Amount Received	TDS
April, 2013		
May, 2013		
June, 2013		
July, 2013		
August, 2013		
September, 2013		
October, 2013		
November, 2013		
December, 2013		
January, 2014		
February, 2014		
March, 2014		

(Copy of my form 16 (TDS certificate) for financial year 2013-2014 is attached)

P.A.N. : _____ Circle : _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2012-2013.
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 : _____