

PHARMACY COUNCIL OF INDIA

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

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

(SIF-C)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No.:

Date of Inspection:

FILE No.:

NAME OF THE INSPECTORS: 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 | Divya College of Pharmacy Vill- Shahzadpur Pauri , Farah, Mathura U.P. 9412255438 divyadirector2017@gmail.com |
| Year of starting of the course | 2018-19 -Diploma Pharmacy & Bachelor of Pharmacy |
| Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust) | Private (Trust) Annexure -1 |
| A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site: | Nirmala Educational Trust 22/21, Vijay Nagar Colony, Agra, U.P. 9412255438 harshbhasker@yahoo.com www.ngei.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 | Harsh Bhasker , Chairman 22/21, Vijay Nagar Colony, Agra, U.P. 9412255438 22/21, Vijay Nagar Colony, Agra, U.P. 9412255438 harshbhasker@yahoo.com |
| A – I.4 Name and Address of the Head of the Institution | Dr. Anil Kumar Gupta (Director) 70, Mangalam Vihar Sikandra, Agra -282007 (U.P.) |
| A – I.4 a) Whether the Jan Aushadhi Medical Store has been opened by your institution | Yes / No ✓ (Please tick (✓) the relevant portion) |

Signature of the Head of the Institution

Signature of the Inspectors

A – I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFILIATION FEEPAID

| Name of the Course | Affiliation Fee paid up to | Receipt No | Dated | Remarks of the Inspectors |
|--------------------|----------------------------|--------------|------------|---------------------------|
| D. Pharm | 50000+25000=75000.00 | DD No 889064 | 24/08/2017 | |
| B. Pharm | 100000+100000=200000.00 | DD No 889063 | 24/08/2017 | |

b. APPROVALSTATUS

| Name of the Course | Approved up to | Intake Approved and Admitted | PCI | STATE GOVT | UNIVERSITY | Remarks of the Inspectors |
|--------------------|----------------|------------------------------|-----|--|------------|---------------------------|
| B. Pharm | | Approval Letter No and Date | | | | |
| | | Approved Intake | | | | |
| | | Actually Admitted | | | | |
| D. Pharm | 2017-18 | Approval Letter No and Date | | 12043 12.11.2016 2017/1475 dt15.5-2017 Annexure 2 | ----- | |
| | | Approved Intake | | 50 | ----- | |
| | | Actually Admitted | | new | ----- | |

c. STATUS OF APPLICATION

| Course | Extension of Approval | Increase in Intake of Seats | Remarks | |
|----------|-----------------------|-----------------------------|----------------|-----------------------------|
| | | | Current Intake | Proposed increase in Intake |
| D. Pharm | Yes | No | Nil | |
| B. Pharm | Yes | No | Nil | |

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 | <input type="checkbox"/> Yes |
| Wing of another college | <input type="checkbox"/> No |
| Separate Campus | <input type="checkbox"/> Yes |
| Multi InstitutionalCampus | <input type="checkbox"/> No |

Examining Authority: For Diploma course **For Degree course With complete postal Board of Technical Education Dr. APJ Abdul Kalam Technical University Lucknow**
 Address, Telephone No. **Guru Govind Marg, Charbagh Sec-11, Jankipuram, Vistar Yojna Lucknow**
 and STD Code. **0522-2630243**
 Fax No **0522-2630243**

Signature of the Head of the Institution

Signature of the Inspectors

B - Details of the Institution

| | | | | | |
|---|-----------------------|----------------------|--|--------------------------|----------------------------------|
| B –I .1 Name of the Principal | | Dr. Anil Kumar Gupta | | | |
| Qualification/ Experience | Qualification* | | Teaching Experience Required | Actual experience | Remarks of the Inspectors |
| | M. Pharm | | 15 years, out of which 5 years as Prof. / HOD | 10 year | |
| | PhD | | 10 years, out of which at least 05 years as Asst. Prof | 02 | |

Annexure 3**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 D.Pharm | Applied for | NA | NA | NA |

* Enclose Documents

B –I .3

| | |
|--|---|
| Status of Governing Council: | Government(BTE Lucknow) & Dr.APJ Kalam University Lucknow |
| Details of the Governing Body | Enclosed (2017/1475) |
| Minutes of the last Governing council Meeting | Enclosed (2017/1475) |

Annexure 4**B –I .4****Pay Scales:**

| Staff | Scale of pay | PF | Gratuity | Pension benefit | Remarks of the Inspectors |
|---------------------------|--------------|-------|----------|-----------------|---------------------------|
| Teaching Staff | AICTE YES | ----- | ----- | ----- | |
| Non-Teaching Staff | As Per Norms | ----- | ----- | ----- | |

B –I .5**D. Pharm Course: Admission statement for the past three years**

| ACADEMIC YEAR | Year 2017-18 | Year 2016-17 | Year 2015-16 |
|---------------------------------|----------------|--------------|--------------|
| Sanctioned | 50 Applied for | NA | NA |
| No. of Admissions | NIL | NA | NA |
| Unfilled Seats | NIL | NA | NA |
| No. of Excess Admissions | NIL | NA | NA |

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

| ACADEMIC YEAR | Year 2017-18 | Year 2016-17 | Year 2015-16 |
|---------------|--------------|--------------|--------------|
| D. Pharm | Nil | Nil | Nil |

Signature of the Head of the Institution

Signature of the Inspectors

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

| ACADEMIC YEAR | Year 2018-19 | Year 2017-18 | Year 2016-17 |
|---------------------------------|---------------------|---------------------|---------------------|
| Sanctioned | Applied for 100 | NA | NA |
| No. of Admissions | NIL | NA | NA |
| Unfilled Seats | NIL | NA | NA |
| No. of Excess Admissions | NIL | NA | NA |

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

| ACADEMIC YEAR | Year 2018-19 | Year 2017-18 | Year 2016-17 |
|----------------------------|---------------------|---------------------|---------------------|
| 1st year | Applied for 100 | NA | NA |
| 2nd year | NIL | NA | NA |
| 3rd year | NIL | NA | NA |
| Final year | NIL | NA | NA |
| Pass % (Final Year) | NIL | NA | NA |

B – II**Co – Curricular Activities / Sports Activities****Applied for D.Pharma & B. Pharma**

| | |
|---|----------------------|
| Whether college has NSS Unit (Yes/No)? If no give reasons | Under implementation |
| NSS Programme Officer's Name | -- |
| Programme conducted (mention details) | -- |
| Whether students participating in University level cultural activities / Co- curricular/sports activities | -- |
| Physical Instructor | -- |
| Sports Ground | 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
(2015-16, 2016-17 & 2017-18)**

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

C .2 Please provide following Information

| Receipts | | | Expenditure | | | Remarks of the Inspectors |
|--------------------|---|---------------|----------------------------|--|--------------------------------------|--|
| Sl. No. | Particulars | Amount | Sl. No. | Particulars | Amount | |
| 1. | Grants a. Government b. Others | | CAPITAL EXPENDITURE | | | |
| 2. | Tuition Fee | | 1. | Building | 42500000 | |
| 3. | Library Fee | | 2. | Equipment | 500000 | |
| 4. | Sports Fee | | 3. | Others A) Chemicals B) Glass wares C) Library D) Computer | 200000 100000 350000 300000 | |
| 5. | Union Fee | | REVENUE EXPENDITURE | | | |
| 6. | Others | | 1 | Salary | 140000 | |
| | | | 2. | MAINTENANCE EXPENDITURE | | |
| | | | | i | College | 120000 |
| | | | | ii | Others | 55000 |
| | | | 3. | University Fee (If any) | 15000 | |
| | | | 4. | Apex Bodies Fee | 700000 | |
| | | | 5. | Government Fee | 75000 | |
| | | | 6. | Deposit held by the College | 1500000 | |
| | | | 7. | Others | | |
| | | | 8. | Misc.Expenditure | 200000 | |
| | | | | Total | 2805000 | |
| | Total | | | | | |

Note: Enclose relevant documents

- Audited Balance sheet of year 2014-15 & 2015-16(Provisional) is enclosed**

Annexure -5

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (D.Pharm /B.Pharm courses) : **Available/Not Available**
 a) 2.5 acres District HQ/Corporation/Municipality limit Total Area 2.5 acre
 b) 0.5 acre for City /Metros
- b. Building[†] : **Own**
- c. Land Details to be in the name of Trust and Society
 i) Own – Records to be closed
 Sale deed : **Enclosed Annexure - 6**
- d. Building:
 i) Approved Building plan, sale deed to Be enclosed) : **Enclosed Annexure - 7**
- e. Total Built Area of the college building in Sq.mts : Built up Area 3259.06
 Amenities and Circulation Area 1830.22

2. Classrooms:

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

| Class | Required | Available Numbers | Required Area * for each Class Room | Available Area in Sq. mts | Remarks of the Inspectors |
|----------|----------|-------------------|--|-----------------------------|---------------------------|
| D. Pharm | 02 | 02 | 90 Sq. mts each | 75.02 SqMts For 50 Students | |
| B. Pharm | 04 | 04 | 90 Sq. mts each (Desirable) 75 Sq. mts each (Essential) | 75.02 SqMts | |

(* To accommodate 60 students)

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

| Sl. No. | Infrastructure for | Requirement as per Norms | Available No. & Area in Sqmts | Remarks/ Deficiency |
|---------|---|---|---|---------------------|
| 1 | Laboratory Area for B. Pharm Course (10 Labs) Laboratory area for D. Pharm Course (03 Labs) | 90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential | 10x75= 750sq mts | |
| 2 | Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm and D.Pharm Course | 03 Laboratories 03 Laboratories 01 Laboratory 03 Laboratories 02 Laboratories 01 Laboratory 13 Laboratories * | 3 x75.02 = 225.06 3 x75.02 = 225.06 1 x75.02 = 75.02 3 x75.02 = 225.06 2 x75.02 = 150.02 1 x75.02 = 75.02 13*75.02=975.26 | |
| 3 | Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs) | 10 sqmts (Minimum) | 5x10 = 50 sqmts | |
| 4 | Area of the Machine Room | 80-100 Sq.mts | 80 sq mts | |
| 5 | Central Instrument Room | 80 Sq.mts with A/C | 80 sqmts | |
| 6 | Store Room – I | 1 (Area 100 Sqmts) | 100sq mts | |
| 7 | Store Room – II (For Inflammable chemicals) | 1 (Area 20 Sqmts) | 30.46 | |

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

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 fuming 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 | 30 Sq. mts | 01 | 30.46 | |
| 2 | Office – I – Establishment | 01 | 60 Sq. mts | 01 | 22.75 | |
| 3 | Office – II – Academics | | | | 22.75 | |
| 4 | Confidential Room | | | | 22.75 | |

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 Sqmts x 4 | 4 | 4x20=80 | |
| 2 | Faculty Rooms for D.Pharm & B.Pharm course | | 10 Sqmts x n (n=No of teachers) | 10 | 10x10=100 | |

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) | 1 | 50 (Attached with Pharmacognosy Lab) | |
| 4 | Auditorium / Multi Purpose Hall (Desirable) | 01 | 250 – 300 seating capacity | 1 | ----- | |
| 5 | Herbal Garden (Desirable) | 01 | Adequate Number of Medicinal Plants | 1 | ----- | |

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

| Sl. No. | Name of infrastructure | Requirement as per Norms in number | Requirement as per Norms in area | Available | | Remarks/ Deficiency |
|---------|---|------------------------------------|---|-----------|-----------------|---------------------|
| | | | | No. | Area in Sq. mts | |
| 1 | Girl's Common Room (Essential) | 01 | 60 Sqmts | 01 | 75.02 | |
| 2 | Boy's Common Room (Essential) | 01 | 60 Sq.mts | | 75.02 | |
| 3 | Toilet Blocks for Boys | 01 | 24 Sq.mts | 3 | 30*3 | |
| 4 | Toilet Blocks for Girls | 01 | 24 Sq.mts | 3 | 30*3 | |
| 5 | Drinking Water facility – Water cooler (Essential). | 01 | - | | Available | |
| 6 | Boy's Hostel (Desirable) | 01 | 9 Sq mts/ Room Singleoccupancy | 0 | NA | |
| 7 | Girl's Hostel (Desirable) | 01 | 9 Sqmts / Room (single occupancy) 20 Sqmts / Room (triple occupancy) | 0 | NA | |
| 8 | Power Backup Provision (Desirable) | 01 | | | 30KVA Generator | |

8. Computer and otherFacilities:

| Name | Required | Available | | Remarks of the Inspectors |
|----------------------------------|--|-----------|-----------------|---------------------------|
| | | No. | Area in Sq. mts | |
| Computer Room for B.Pharm Course | 01 (Area 75 Sqmts) | 01 | 75.02 | |
| Computer (Latest configuration) | 1 system for every 10 students (UG & PG) | 15 | | |
| 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)

| Name | Requirement as per Norms in area | Available | | Not Available | Remarks/ Deficiency |
|-------------------------------------|----------------------------------|-----------|-----------------|---------------|---------------------|
| | | No. | Area in Sq. mts | | |
| Principal quarters | 80 Sq. mts | | | NA | |
| Staff quarters | 16 x 80 Sqmts | | | NA | |
| Canteen | 100 Sq. mts | 1 | 150 | Available | |
| Parking Area for staff and students | | | | Available | |
| Bank Extension Counter | | | | NO | |
| Co operative Stores | | | | NO | |
| Guest House | 80 Sq. mts | | 80 | Yes | |
| Auditorium | | | | NO | |
| Seminar Hall | | | 132.09 | Available | |
| Transport Facilities for students | | | | Available | |
| Medical Facility (First Aid) | | | 1 | Available | |

10. A. Library books and periodicals

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

| Sl. No. | Item | Titles (No) | Minimum Volumes (No) | Available | | Remarks of the Inspectors |
|---------|--|-------------|---|-----------|--------------------------------------|---------------------------|
| | | | | Title | No. | |
| 1 | Number of books | 150 | 1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy | 230 | 806 Annexure 8 | |
| 2 | Annual addition of books | | 150 books per year | | Yes | |
| 3 | Periodicals Hard copies / online | | 10 National 05 International periodicals | | 10 05 | |
| 4 | CDS | | Adequate Nos | | 10 | |
| 5 | Internet Browsing Facility | | Yes/No (Minimum ten Computers) | | Yes Annexure 9 | |
| 6 | Reprographic Facilities: Photo Copier Fax Scanner | | 01 01 01 | | Yes Annexure 10 01 01 01 | |
| 7 | Library Automation and Computerized System | | | | yes | |
| 8 | Library Timings | | | | 09:30 – 5:30 pm | |

Signature of the Head of the Institution

Signature of the Inspectors

10.B. Subject wise Classification:

| Sl. No | Subject | Available | | Remarks of the Inspectors |
|--------|---|-----------|---------|---------------------------|
| | | Titles | Numbers | |
| 1 | Pharmaceutics – I | 06 | 31 | |
| 2 | Pharmaceutical Chemistry – I | 07 | 19 | |
| 3 | Pharmacognosy | 05 | 39 | |
| 4 | Biochemistry and Clinical Pathology | 04 | 27 | |
| 5 | Human Anatomy and Physiology | 02 | 13 | |
| 6 | Health Education and Community Pharmacy | 02 | 13 | |
| 7 | Pharmaceutics – II | 02 | 08 | |
| 8 | Pharmaceutical Chemistry – II | 03 | 11 | |
| 9 | Pharmacology and Toxicology | 1 | 10 | |
| 10 | Pharmaceutical Jurisprudence | 1 | 1 | |
| 11 | Drug Store and Business Management | 1 | 1 | |
| 12 | Hospital and Clinical Pharmacy | 3 | 11 | |

10.C. 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 | 2 | |

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

(Required ratio --- Theory → 60:1 and Practical → 20:1) If more than 20 students in a batch 2 staff members

To be present provided the lab is spacious.

| Class | Theory | Practical | Remarks of the Inspectors |
|---------|--------|-----------|---------------------------|
| B.Pharm | 1 | 2 | |
| D.Pharm | 1 | 2 | |

2. Scheme of B.Pharm Course:

Annual

Semester

3. Date of Commencement of session / sessions for B.PHARM:

| Commencement | Completion |
|--------------|------------|
| 16/08/2018 | 25/05/2019 |

4. Vacation for B.PHARM:

Summer:

Winter:

5. Total No. of working days for B.PHARM:

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

| Commencement | Completion |
|--------------|------------|
| 20/08/2018 | 25/05/2019 |

7. Vacation for D.PHARM:

Summer:

Winter:

8. Total Number of working days for D.PHARM

9. Time Table copy Enclosed: applied for

(Tick ✓)

a. B.Pharm course

Yes

b. D.Pharm Course

Yes

10. Whether the prescribed numbers of classes are being conducted as per university norms for B. PHARM

YES

I B.Pharm:

| Subject | No of Theory Classes | | Practical | | | 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 | | |
| | | | | | | |
| | | | | | | |

Signature of the Head of the Institution

Signature of the Inspectors

II B.Pharm:**YES**

| 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:**YES**

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

IV B.Pharm:**YES**

| 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 Column5 No. of classes x hours per class | |
| 1 | 2 | 3 | 4 | 5 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Signature of the Head of the Institution

Signature of the Inspectors

11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PHARMA;- YES

| Class/Subject | Theory | | Practicals | | | | Remark of the Inspectors |
|---|------------------------|-----------------------|------------------------|-----------------------|------------------------------|---|--------------------------|
| | Prescribed No of Hours | No of Hours Conducted | Prescribed No of Hours | No of Hours Conducted | Prescribed Number of Classes | No of Classes Conducted with duration per class | |
| I D. Pharm | | | | | | | |
| Pharmaceutics – I | 75 | | 100 | | 25 | | |
| Pharmaceutical Chemistry – I | 75 | | 75 | | 25 | | |
| Pharmacognosy | 75 | | 75 | | 25 | | |
| Biochemistry and Clinical Pathology | 50 | | 75 | | 25 | | |
| Human Anatomy and Physiology | 75 | | 50 | | 25 | | |
| Health Education and Community Pharmacy | 50 | | ---- | | ---- | | |
| Pharmaceutics – II | 75 | | 100 | | 25 | | |
| Pharmaceutical Chemistry – II | 100 | | 75 | | 25 | | |
| Pharmacology and Toxicology | 75 | | 50 | | 25 | | |
| Pharmaceutical Jurisprudence | 50 | | ---- | | ---- | | |
| Drug Store and Business Management | 75 | | ---- | | ---- | | |
| Hospital and Clinical Pharmacy | 75 | | 50 | | 25 | | |

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

Yes

No

13. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last year YES

A.

| Name of the Event | Year 2017- | Year 2016 | Year 2015 |
|-------------------|------------|-----------|-----------|
| Guest Lectures | ---NA--- | ---NA--- | ---NA--- |
| Seminars | ---NA--- | ---NA--- | ---NA--- |
| Workshops | ---NA--- | ---NA--- | ---NA--- |
| Symposia | ---NA--- | ---NA--- | ---NA--- |

Signature of the Head of the Institution

Signature of the Inspectors

B. Papers Presented / Published during last three years NA

| | Year 2017 | | Year 2016 | | Year 2015 | |
|------------------|-----------|---------------|-----------|---------------|-----------|---------------|
| | National | International | National | International | National | International |
| Published | ---NA--- | ---NA--- | ---NA--- | ---NA--- | ---NA--- | ---NA--- |
| Presented | ---NA--- | ---NA--- | ---NA--- | ---NA--- | ---NA--- | ---NA--- |

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

Yes No

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

15. Whether Evaluation of the internal assessments is Fair

Yes No

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

16. Whether Evaluation of the internal assessments is Fair

Yes No

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

17. Work load of Faculty members for D. Pharm and B.Pharm

Applied for

| Sl. No | Name of the Faculty | Subjects taught | D.Pharm | | B. Pharm | | Total work load | | Remarks of the Inspector |
|----------|---------------------|-----------------|----------|----------|----------|----------|-----------------|----------|-----------------------------|
| | | | Th | Pr | Th | Pr | | | |
| ---NA--- | ---NA--- | ---NA--- | ---NA--- | ---NA--- | ---NA--- | ---NA--- | ---NA--- | ---NA--- | |

Signature of the Head of the Institution

Signature of the Inspectors

18. Work load of Faculty members for B.Pharm

Applied for

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

19. Workload of Faculty members for D.Pharm

Applied for

| Sl. No | Name of the Faculty | Subjects taught | D. Pharm | | | | Total work load | Remarks of the Inspector |
|--------|---------------------|-----------------|----------|----|----------|----|-----------------|--------------------------|
| | | | I D. Ph | | II D. Ph | | | |
| | | | Th | Pr | Th | Pr | | |
| | | | NA | NA | NA | NA | | |

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

Not Applicable

| Details | Year 2017 | Year 2016 | Year 2015 |
|---------------------------|-----------|-----------|-----------|
| No. of Students Appeared | NA | NA | NA |
| No. of Students Qualified | NA | NA | NA |
| Percentage | NA | NA | NA |

**21. Whether the Institution has an Industry – Institution Interaction cell
NFor B.Pharm**

Yes

If applicable please give the details for the previous Year

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

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

| Year | Year 2017- | Year 2016- | Year 2015 |
|---|------------|------------|-----------|
| No. of students appeared for campus interview | NA | NA | NA |
| % Placed | NA | NA | NA |

**23. Whether Professional Society Activities are Conducted (Enclose Details)
(ISTE, IPA, APTI, ICTA and Related Societies)**

Yes No

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

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

| Sl No | Name | Designation | Qualification | Date of Joining | Teaching Experience | State Pharmacy Council Reg No. | Signature of the faculty | Remarks of the Inspectors |
|-------|-----------------------|-----------------|---------------|-----------------|---------------------|--------------------------------|--------------------------|---------------------------|
| 1 | Dr. Anil Kumar Gupta | Principal | M.Pharm, Ph.D | 01/08/2017 | 14 | | | |
| 2 | Dr. Dharendra Prakash | Associate Prof. | M.Pharm, Ph.D | 01/08/2017 | 12 | | | |
| 3 | Mr. Saurabh Gupta | Asst Professor | M.Pharm | Identified | 07 | | | |
| 4 | Abhishek Tiwari | Asst Professor | M.Pharm | Identified | 02 | | | |
| 5 | Jitendra Kumar | Asst Professor | M.Pharm | Identified | 03 | | | |
| 6 | Rameshwar Singh | Asst Professor | M.Pharm | Identified | 01 | | | |
| 7 | Isha Sharma | Asst Professor | M.Pharm | Identified | 04 | | | |
| 8 | Bharti Arora | Asst Professor | M.Pharm | Identified | 02 | | | |
| 9 | Kavita Kumari | Asst Professor | M.Pharm | Identified | 01 | | | |
| 10 | Ram Lakhan | Lecturer | B.Pharm | Identified | 02 | | | |
| 11 | Priyanka Goyal | Lecturer | B.Pharm | Identified | 02 | | | |
| 12 | Yogesh Babu | Lecturer | B.Pharm | Identified | 03 | | | |
| 13 | Amit Kumar | Lecturer | B.Pharm | Identified | 01 | | | |
| 14 | Arvind Shayka | Lecturer | B.Pharm | Identified | 01 | | | |

2. 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 |
|-------|-----------------------|-----------------|---------------|-----------------|---------------------|--------------------------------|--------------------------|---------------------------|
| 01 | Dr. Anil Kumar Gupta | Director | M.Pharm, Ph.D | 01/08/2017 | 14 | | | |
| 02 | Dr. Dharendra Prakash | Associate Prof. | M.Pharm, Ph.D | 01/08/2017 | 12 | | | |
| 03 | Mr. Saurabh Gupta | Asst Professor | M.Pharm | Identified | 07 | | | |
| 04 | Abhishek Tiwari | Asst Professor | M.Pharm | Identified | 02 | | | |
| 05 | Jitendra Kumar | Asst Professor | M.Pharm | Identified | 03 | | | |
| 06 | Rameshwar Singh | Asst Professor | M.Pharm | Identified | 01 | | | |
| 07 | Isha Sharma | Asst Professor | M.Pharm | Identified | 04 | | | |
| 08 | Bharti Arora | Asst Professor | M.Pharm | Identified | 02 | | | |
| 09 | Kavita Kumari | Asst Professor | M.Pharm | Identified | 01 | | | |

3. 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 | Remarks of the |
|-------|------|-------------|---------------|-----------------|---------------------|--------------------------------|------------------|----------------|
|-------|------|-------------|---------------|-----------------|---------------------|--------------------------------|------------------|----------------|

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | After UG | After PG | Council RegNo. | faculty | Inspectors |
|----|----------------------|-------------|--------------|------------|----------|----------|----------------|---------|------------|
| 01 | Dr.Dhirendra Prakash | Asso.Prof. | M.Pharm,Ph.D | 01/08/2017 | 12 | | | | |
| 02 | Mr.Amit Kumar | Sr.Lecturer | B.Pharm | Identified | | | | | |
| 03 | Ram Lakhan | Lecturer | B.Pharm | Identified | 02 | | | | |
| 04 | Priyanka Goyal | Lecturer | B.Pharm | Identified | 02 | | | | |
| 04 | Yogesh Babu | Lecturer | B.Pharm | Identified | 03 | | | | |
| 06 | Arvind Shayka | Lecturer | B.Pharm | Identified | 01 | | | | |

4. Qualification and number of Staff Members

| Qualification | | | | | | | |
|---------------|----|----------|----|-----|----|--------|-----------|
| B. Pharm | | M. Pharm | | PhD | | Others | |
| 03 | 05 | 06 | 06 | 02 | 02 | | Part Time |
| | | | | | | | 5 |

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

| | 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 | 1 | 2 | | 3 | | 4 | |
| Pharmaceutical Analysis | 1 | 1 | .. | | - | | 1 | |
| Pharmacology | 1 | 1 | 2 | | 3 | | 4 | |
| Pharmacognosy | 1 | 1 | 2 | | 3 | | 3 | |
| Pharmaceutics | 1 | 1 | 2 | | 3 | | 4 | |
| Total | 6 | 6 | 9 | | 13 | | 17 | |
| Part time teaching Staff | 3 | 4 | - | | - | | - | |
| Remarks of the Inspection Team | | | | | | | | |

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

7. Selection criteria and Recruitment Procedure for Faculty:

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

8.Details of Faculty Retention for:

Not Applicable

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

9. Details of Faculty Turnover

Not Applicable

| 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

10. Number of Non-teaching staff available for D. Pharm and B. Pharm course for intake of 60 students:

| Sl. No. | Designation | Required Number | Required Qualification | Available | | Remarks of the Inspection team |
|---------|---------------------------------|--------------------------|-------------------------------------|-----------|---------------|--------------------------------|
| | | | | Number | Qualification | |
| 1 | Laboratory Technician | 1 for each Dept | D. Pharm | 5 | D.Pharm | |
| 2 | Labortory Assistants/ Attenders | 1 for each Lab (minimum) | SSLC | 12 | SSLC | |
| 3 | Office Superintendent | 1 | Degree | 2 | B.Com | |
| 4 | Accountant | 1 | Degree | 1 | B.Com | |
| 5 | Store keeper | 1 | D. Pharm/ Degree | 1 | B.Sc | |
| 6 | Computer Data Operator | 1 | BCA / Graduate with Computer Course | 1 | BCA | |
| 7 | First Division Assistant | 1 | Degree | 1 | B.A. | |
| 8 | Second Division Assistant | 2 | Degree | 2 | B.A. | |
| 9. | Peon | 2 | SSLC | 4 | SSLC | |
| 10 | Cleaning personnel | Adequate | --- | | Adequate | |
| 11 | Gardener | Adequate | --- | | Adequate | |

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

| 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 |
|--------|--------------|---------------|--------------|---------------|--------------|--------------|--------------|---------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms | As per Norms |

12. Whether facilities for Research / Higher studies are provided to the faculty?

(Inspectors to verify documents pertaining to the above)

13. Whether faculty members are allowed to attend workshops and seminars?

(Inspectors to verify documents pertaining to the above)

14. Scope for the promotion for faculty: Promotions

Yes No

15. Gratuity Provided

Yes No

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

| Sl No | Name | Designation | Qualification | Date of Joining | Experience | Signature | Remarks of the Inspectors |
|-------|-------------------------|-------------------|------------------|-----------------|------------|-----------|---------------------------|
| 01 | Mahavir Prashad | Office Incharge | M.A | 20-2-2017 | 30 | | |
| 02 | Vinod Saraswat | Registrar | M.B.A | 17-04-2017 | 20 | | |
| 03 | Jitendra Kumar Kushwaha | Office Staff | B.Sc | 10-6-2010 | 07 | | |
| 04 | Somveer Yadav | Account officer | B.Sc | 10-3-2010 | 07 | | |
| 05 | Hemlata | Placement Officer | B.com | 28-07-2017 | 03 | | |
| 06 | Lalit Srashwat | Computer Incharg | Computer Diploma | 12-10-2017 | 02 | | |
| 07 | Krishna Murari Pathak | Electrician | B.A. | 10-08-2016 | 07 | | |
| 08 | Sonveer | Peon | SSC | 09-08-2012 | 02 | | |
| 09 | Deepak | Peon | SSC | 17-05-2017 | 02 | | |
| 10 | Jaiveer | Guard | SSC | 17-05-2017 | 02 | | |
| 11 | Hori Lal | Guard | SSC | 08-03-2016 | 02 | | |
| 12 | Rautan | Gardner | SSC | 01-02-2017 | 01 | | |

| | | | | | | | |
|-----------|-------|---------|-----|------------|----|--|--|
| 13 | Anand | Sweeper | ssc | 03-04-2017 | 02 | | |
| 14 | Vinod | Sweeper | ssc | 03-04-2017 | 02 | | |

17. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. Yes

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)**

| Sl | Expenditure in Rs. 2017-18 | | | Expenditure in Rs. 2018-19 | | | Expenditure in Rs 2019-20 | | | Remarks of the Inspectors* |
|-----|-------------------------------|-----------|------------------|-------------------------------|-----------|------------------|-------------------------------|-----------|------------------|----------------------------------|
| No. | Total budget sanctioned | Recurring | Non Recurring | Total budget sanctioned | Recurring | Non Returning | Total budget sanctioned | Recurring | Non Returning | |
| | | | | | | | | | | |

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

| Sl | Expenditure in Rs. 2017-18 | | | Expenditure in Rs. 2018-19 | | | Expenditure in Rs 2019-20 | | | Remarks of the Inspectors* |
|-----|-------------------------------|------------|-----------|-------------------------------|------------|----------|------------------------------|------------|----------|----------------------------------|
| No. | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| | Chemicals | 200000.00 | 150000.00 | Chemicals | | | Chemicals | | | |
| | Glassware | 100000.00 | 92000.00 | Glassware | | | Glassware | | | |

**3. Total amount spent on equipment's for the past three years:
(Enclose purchase invoice)**

| Sl | Expenditure in Rs. 2017-18 | | | Expenditure in Rs. 2018-19 | | | Expenditure in Rs 2019-20 | | | Remarks of the Inspectors* |
|-----|-------------------------------|------------|-----------|-------------------------------|------------|----------|------------------------------|------------|----------|----------------------------------|
| No. | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| | Equipment | 500000.00 | 550000.00 | Equipment | | | Equipment | | | |

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

| Sl No. | Expenditure in Rs. 2017-18 | | | Expenditure in Rs. 2018-19 | | | Expenditure in Rs 2019-20 | | | Remarks of the Inspectors* |
|----------|----------------------------|------------|-----------|----------------------------|------------|----------|---------------------------|------------|----------|----------------------------|
| | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| 1 | Books | 350000.00 | 280000.00 | Books | | | Books | | | |
| 2 | Journals | 50000.00 | 47000.00 | 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

Note: Inspectors are requested to note that items which are marked with an asterisk (*) are common for both B.Pharm and D. Pharm.

I --Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS

Equipment:

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

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Signature of the Inspectors

| | | | | | |
|----|---------------------------------------|----------|----|--|--|
| 26 | Millipore filter (3 grades) | Adequate | 3 | | |
| 27 | Autoclave* | 01 | 1 | | |
| 28 | Hot air sterilizer | 01 | 1 | | |
| 29 | Incubator | 01 | 1 | | |
| 30 | Aseptic cabinet | 01 | 1 | | |
| 31 | Ampoule clarity test equipment* | 01 | 1 | | |
| 32 | Blender | 01 | 1 | | |
| 33 | Sieves set (Pharmacopoeial standard)* | 02 | 2 | | |
| 34 | Lab Centrifuge | 01 | 1 | | |
| 35 | Ointment slab | Adequate | 20 | | |
| 36 | Ointment spatula | Adequate | 20 | | |
| 37 | Pestle and mortar porcelain | Adequate | 20 | | |
| 38 | Pestle and mortar glass | Adequate | 10 | | |
| 39 | Suppository moulds of three sizes | Adequate | 3 | | |
| 40 | Refrigerator | 01 | 1 | | |

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

PHARMACEUTICAL CHEMISTRY

Equipment:

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

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

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Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY**Equipment:**

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

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|--|----------|---|--|--|
| 32 | Anatomical specimen (Heart, brain, eye,,ear,,reproductive system etc.,)* | 01 set | 4 | | |
| 33 | Electro-convulsimeter* | 01 | 1 | | |
| 34 | Stop watch | Adequate | 2 | | |
| 35 | Clamp, boss heads, screw clips* | Adequate | 5 | | |
| 36 | Syme's Cannula* | Adequate | 2 | | |

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

PHARMCOGNOSY LABORATORY

Equipment:

| SI No. | Name | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|--------|--------------------------|-----------------------|----------------|------------------|---------------------------|
| 1 | Projection Microscope | 01 | 2 | | |
| 2 | Charts (different types) | Adequate | 5 | | |
| 3 | Models (different types) | Adequate | 6 | | |
| 4 | Permanent Slides | Adequate | 10 | | |
| 5 | Slides and Cover Slips | Adequate | 5 & 1 | | |

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

PHARMACY PRACTICE LABORATORY

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|--|----------|---|--|--|
| 10 | Autoclave sterilizer | 1 | 1 | | |
| 11 | Membrane filter | 1 Unit | 2 | | |
| 12 | Sintered glass funnel with complete filtering assemble | Adequate | 2 | | |
| 13 | Small disposable membrane filter for IV admixture filtration | Adequate | 5 | | |
| 14 | Laminar air flowbench | 1 | 1 | | |
| 15 | Vacuum pump | 1 | 1 | | |
| 16 | Oven | 1 | 1 | | |
| 17 | Surgical dressing | Adequate | 2 | | |
| 18 | Incubator | 1 | 1 | | |
| 19 | PH meter | 1 | 1 | | |
| 20 | Disintegration test apparatus | 1 | | | |
| 21 | Hardness tester | 1 | 1 | | |
| 22 | Centrifuge | 1 | 1 | | |
| 23 | Magnetic stirrer | 1 | 1 | | |
| 24 | Thermostatic bath | 1 | 1 | | |

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

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

1. Colored slides of medicineplants.
2. Display of popular patent medicines,and
3. Containers of common usage inmedicines.

Signature of the Head of the Institution

Signature of the Inspectors

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

DEPARTMENT OF PHARMACOLOGY

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|---|-----------------|-----------------|--|--|
| 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 number | | |
| 26 | Actophotometer* | 01 | 01 | | |
| 27 | Rotarod | 01 | 01 | | |
| 28 | Pole climbing apparatus* | 01 | 01 | | |
| 29 | Analgesiometer (Eddy's hot plate and radiant heat methods)* | 01 | 01 | | |
| 30 | Convulsimeter* | 01 | 01 | | |
| 31 | Plethysmograph | 01 | 01 | | |
| 32 | Digital pH meter | 01 | 01 | | |

Apparatus:

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

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

DEPARTMENT OF PHARMACOGNOSY

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Apparatus:

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

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Apparatus:

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

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

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|----|--------------------------|----|----|--|--|
| 10 | Autoclave* | 01 | 01 | | |
| 11 | Steam distillation still | 01 | 01 | | |

Signature of the Head of the Institution

Signature of the Inspectors

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

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|-------------------|----|----|--|--|
| 44 | Distillation Unit | 01 | 01 | | |
|----|-------------------|----|----|--|--|

Signature of the Head of the Institution

Signature of the Inspectors

Apparatus:

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

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

PHARMACEUTICAL BIOTECHNOLOGY

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

CENTRAL INSTRUMENTATION ROOM:

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

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

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

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

Signature of the Head of the Institution

Signature of the Inspectors

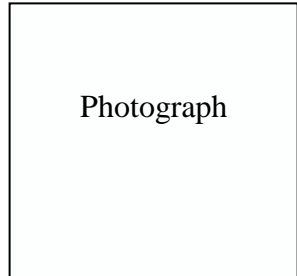
PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

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



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.

STDCode

PhoneNo.

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**).

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::

- 3) 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:

