

# PHARMACY COUNCIL OF INDIA

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

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

(SIF-B)

<i>To be filled up by P.C.I.</i>	<i>To be filled up by inspectors</i>
<b>Inspection No. :</b> <b>FILE No. :</b> <b>A – I .1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail Year of Establishment Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	<b>Date of Inspection:</b> <b>NAME OF THE INSPECTORS: (BLOCK LETTERS)</b> 1. 2. <b>PART – I</b> <b>A - GENERAL INFORMATION</b>  Department of Pharmacy, Mohammad Ali Jauhar University, Post Sigan Khera Rampur U.P. 244901 0595 2328786 2344886 majur786@gmail.com 2014  Private University (Annexure I)
<b>A – I .2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Website:	Maulana Mohammad Ali Jauhar Trust B-34 Darulshifa Lucknow 0522 2205473 2204254 jeet652@yahoo.com
<b>A – I .3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No. E-Mail	Er. R.A.Qureshi, Registrar, Mohammad Ali Jauhar University 0595 2328786 +918171273114 +919335207898 0595-2344886 qureshipower@gmail.com
<b>A – I .4</b> Name and Address of the Head of the Institution	Prof. Mohammad Yunus, Vice Chancellor Mohammad Ali Jauhar University, Jauhar Nagar, Rampur U.P, 244901

Signature of the Head of the Institution

Signature of the Inspectors

**A –I . 5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**a. Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2014-15	DD 037306	06.06.15	

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	Applied for	Approval Letter No and Date	Applied for		Academic council resolution no	
		Approved Intake			60	
		Actually Admitted			57	

**c. STATUS OF APPLICATION**

**COURSES INSPECTED FOR**

Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in intake
B. Pharm	Yes	No	Yes	No	60	N.A

B.Pharm. First inspection done/compliance submitted

**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  
With complete postal Address,  
Telephone No. and STD Code.**

Mohammad Ali Jauhar University  
Jauhar Nagar, Rampur U.P, 244901  
0595-2328786

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## B - DETAILS OF THE INSTITUTION

<b>B -I.1</b>		Dr. Sheeba Fareed			
<b>Name of the Principal</b>					
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm		15 years, out of which 5 years as Prof. / HOD	Total 10 years	
	PhD		10 years, out of which at least 05 years as Asst. Prof		

\* **Documentary evidence should be provided:** Document enclosed

### 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>B. Pharm</b>	21/08/15-22/08/15	Deficiency of principal /Faculty/lab technicians/Additional equipment	Complied	No

\* Enclose Documents

### B -I.3

<b>Status of Governing Council: Details of the Governing Body</b>	University
<b>Minutes of the last Governing council Meeting</b>	Enclosed Anexxure academic council meeting Enclosed

### B -I.4

**Pay Scales:**

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspector
<b>Teaching Staff</b>	AICTE /UGC/State Govt. Yes	No	No	No	
<b>Non- Teaching Staff</b>	State Government Yes	No	No	No	

### B -I.5

**B. Pharm Course: Admission Statement for the Past Three Years**

ACADEMIC YEAR	Year 2014	Year 2015	Year 200-
<b>Sanctioned</b>	60	60	
<b>No. of Admissions</b>	57	60	
<b>Unfilled Seats</b>	03	00	
<b>No. of Excess Admissions</b>	00	00	

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**

<b>ACADEMIC YEAR</b>	<b>Year 2014</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>1<sup>st</sup> year</b>	72%	N.A	N.A
<b>2<sup>nd</sup> year</b>	N.A	N.A	N.A
<b>3<sup>rd</sup> year</b>	N.A	N.A	N.A
<b>Final year</b>	N.A	N.A	N.A
<b>Pass % (Final Year)</b>	N.A	N.A	N.A

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

Whether college has NSS Unit (Yes/No)?	New unit for NCC also applied
If no give reasons	
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available (Mr Danish Khan)
Sports Ground	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) 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	NIL NIL	<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	31,00000	1.	Building		
3.	Library Fee	NIL	2.	Equipment	1879036.00	
4.	Sports Fee	NIL	3.	Others (books)	441108.00	
5.	Union Fee	NIL	<b>REVENUE EXPENDITURE</b>			
6.	Others	3,80000 (Exam fee)	1	Salary	3,50,549	
	College security	5,85000	2.	<b>MAINTENANCE EXPENDITURE</b>		
			i	College	Nil	
			ii	Others	Nil	
			3.	University Fee (If any)	Nil	
			4.	Apex Bodies Fee	1,00,000	
			5.	Government Fee	Nil	
			6.	Deposit held by the College	Nil	
			7.	Others	Nil	
			8.	Misc.Expenditure	300000	
			<b>Total</b>		750549.00	
			<b>Total</b>			
	<b>Total</b>	40,65000				

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

## PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : **Available**  
 a) 2.5 acres District HQ/Corporation/Municipality limit  
 b) 0.5 acre for City / Metros
- b. Building : **Own**
- c. Land Details to be in name of Trust and Society  
 Records to be enclosed  
 Sale deed : **Enclosed**
- d. Building<sup>†</sup>:  
 i) Approved Building plan, to be Enclosed : **Enclosed**
- e. Total Built Area of the college building in Sq.mts : Built up Area 

1500
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 Amenities and Circulation Area 

300
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### 2. Class rooms:

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

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	04	2	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	150	

(\*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	6x75	
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	01 02 01 01 01 06	
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)	3x10	
4	Area of the Machine Room	80-100 Sq.mts	1x80	
5	Central Instrumentation Room	80 Sq.mts with A/ C	Available	
6	Store Room – I	1 (Area 100 Sq mts)	1x100	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	1x20	

\*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	01	40	
2	Office – I - Establishment	01	60 Sq. mts	01	60	
3	Office – II - Academics					
4	Confidential Room					

**5. Staff Facilities:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	4	80	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	1	60	

**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	Proposed	80	
2	Library	01	150 Sq mts	01	150 Shared	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	Under construction	
5	Seminar Hall	01		1	100	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	200	

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	60	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	60	
3	Toilet Blocks for Boys	01	24 Sq.mts	1	25	
4	Toilet Blocks for Girls	01	24 Sq.mts	1	25	
5	Drinking Water facility – Water Cooler (Essential).	01		Available		
6	Boy's Hostel (Desirable)	01	9 Sq .mts/ Room Single occupancy	Available (shared)		
7	Girl's Hostel (Desirable)	01	9 Sq .mts/ Room (single occupancy) 20 Sq mts / Room (triple occupancy)	Available (shared)		
8	Power Backup Provision (Desirable)	01	63 KVA Gen Set	Available		

### 8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	75	
Computer (Latest Configuration)	1 system for every 10 students	12		
Printers	1 printer for every 10 computers	01		
Multi Media Projector	01	01		
Generator (5KVA)	01	01		

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			Available	
Staff quarters	16 x 80 Sq. mts			Available	
Canteen	100 Sq. mts			Available	
Parking Area for staff and students				Available	
Bank Extension Counter				Available	
Co operative Stores				Proposed	
Guest House	80 Sq. mts			Available	
Transport Facilities for students				Available	
Medical Facility (First Aid)				Available	

### 10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors	
				Title	Numbers		
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	50	761		
2	Annual addition of books		100 to 150 books per year	10	300		
3	Periodicals Hard copies / online		10 National 05 International periodicals		10 Online		
4	CDs		Adequate Nos	Adequate	Adequate		
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Available	10		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available Available Available	01 01 01		
7	Library Automation and Computerized System				Not Available		
8	Library Timings			9:30-4:30			

### 10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

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

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

to be present provided the lab is spacious.

**2. Scheme of B. Pharm Course:**

Semester

**3. Date of Commencement of session / sessions:**

<b>Commencement</b>	<b>Completion</b>
01/08/15	30/06/16

No of Days

No of Days

**4. Vacation:**

**Summer:**

15

**Winter:**

05

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

185

**6. Time Table:**

Time Table for B. Pharm course Enclosed

Yes Yes

No

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

**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		

Signature of the Head of the Institution

Signature of the Inspectors

**III B. Pharm:**

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

**IV B. Pharm:**

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

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

Yes

9. Number of Guest Lectures / Seminars / Workshops / Symposia / Presentations conducted during last

Three years.

A.

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

No

B. Papers Presented / Published during last three years

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

No

Signature of the Head of the Institution

Signature of the Inspectors

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

Yes  No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	16/09/15	16/09/15	28/10/15	28/10/15	4/12/15	04/12/15	
II B. Pharm	16/09/15	16/09/15	28/10/15	28/10/15	4/12/15	4/12/15	
III B. Pharm	N.A	N.A	N.A	N.A	N.A	N.A	
IV B. Pharm	N.A	N.A	N.A	N.A	N.A	N.A	

**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	08	10	30	28	03	03	00	00	
II B.Pharm									
III B.Pharm									
IV B.Pharm									

**12. Work load of Faculty members for B. Pharm (Enclosed)**

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	N.A		
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

Events	Details for the Previous Year
No. of Industrial visits	No
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**

<b>Year</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>No. of students appeared for campus interview</b>	N.A		
<b>% Placed</b>			

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

	<b>No</b>
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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			
Enclosed as Annexure no:								

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
05	01	03

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	01	1		1		1	
Pharmaceutical Chemistry	1		2		3		4	
Pharmaceutical Analysis	1		--		-		1	
Pharmacology	1		2		3		4	
Pharmacognosy	1	01	2		3		3	
Pharmaceutics	1	02	2	02	3		4	
<b>Total</b>	<b>6</b>	<b>04</b>	<b>9</b>	<b>02</b>	<b>13</b>		<b>17</b>	
<b>Part time teaching Staff</b>	<b>3</b>	<b>3</b>	<b>-</b>		<b>-</b>		<b>-</b>	
<b>Remarks of the Inspection Team</b>								

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1	02	
	Lecturer	2	02	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmacognosy	Professor	1	01	
	Asst. Professor	1	01	
	Lecturer	1		

**5. Selection criteria and Recruitment Procedure for Faculty:**

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

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

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
Dr Sheeba fareed, Masood Shah Khan, Mo Shakir, Anjali Bhardwaj, Neha Parveen, Rubaica.	Less than 5 yrs.	100%

**7. Details of Faculty Turnover:**

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
Dr Sheeba fareed, Masood Shah Khan, Mo Shakir, Anjali Bhardwaj, Neha Parveen, Rubaica.	% of faculty retained in last 3 yrs	06			

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:**

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	03	D.Pharm	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	04	SSLC	
3	Office Superintendent	1	Degree	01	Graduate	
4	Accountant	1	Degree	01	B.Com	
5	Store keeper	1	D. Pharm/ Degree	01	Graduate	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	BCA	
7	Office Staff I	1	Degree	01	B.A	
8	Office Staff II	2	Degree	02	B.A	
9	Peon	2	SSLC	02	10 <sup>th</sup>	
10	Cleaning personnel	Adequate	---	Adequate		
11	Gardener	Adequate	---	Adequate		

Signature of the Head of the Institution

Signature of the Inspectors



**9. 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
									P T	TDS	EPF					

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

**12. Scope for the promotion for faculty: Promotions**

Yes  No

**13. Gratuity Provided**

Yes  No

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

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

**15. 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 No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	N.A									

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	1,50,000.00	1,25,112	Chemicals			Chemicals			
	Glassware	1,50,000.00	1,09,860	Glassware			Glassware			

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	20,000,00.00	14,79983.00	Equipment			Equipment			

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

Sl No.	Expenditure in Rs.			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	
		N.A								
1	Books	7,00,000	5,20,000.00	Books			Books			
2	Journals	1,00,000		Journals			Journals			

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

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## 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	20	Working	
2	Haemocytometer with Micropipettes	20	20	Working	
3	Sahli's haemocytometer	20	20	Working	
4	Hutchinson's spirometer	01	00		
5	Spygmomanometer	05	20	Working	
6	Stethoscope	05	06	Working	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	50	Working	
8	Models for various organs	One model of each organ system	Available	Working	
9	Specimen for various organs and systems	One model for each organ system	Available	Working	
10	Skeleton and bones	One set of skeleton and one spare bone	Available	Working	
11	Different Contraceptive Devices and Models	One set of each device	Available	Working	
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	Digital Balance	01	01	Working	
18	Physical /Chemical Balance	01	01	Working	
19	Sherrington's Kymograph Machine / Polyrite	10	01		

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20	Sherrington Drum	10	01	Working	
21	Perspex bath assembly (single unit)	10	01	Working	
22	Aerators	10	01	Working	
23	Computer with LCD	01	01	Working	
24	Software packages for experiment	01	00		
25	Standard graphs of various drugs	Adequate number	01	Working	
26	Actophotometer	01	01	Working	
27	Rotarod	01	01	Working	
28	Pole climbing apparatus	01	01	Working	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	01	Working	
30	Convulsiometer	01	01	Working	
31	Plethysmograph	01	00		
32	Digital pH meter	01	01	Working	

**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	Livers, 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	20	Working	
2	Digital Balance	02	01	Working	
3	Autoclave	02	01	Working	
4	Hot air oven	02	01	Working	

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5	B.O.D.incubator	01	00		
6	Refrigerator	01	01	Working	
7	Laminar air flow	01	01	Working	
8	Colony counter	02	02	Working	
9	Zone reader	01	01	Working	
10	Digital pH meter	01	01	Working	
11	Sterility testing unit	01	01	Working	
12	Camera Lucida	15	20	Working	
13	Eye piece micrometer	15	20	Working	
14	Incinerator	01	01	Working	
15	Moisture balance	01	00		
16	Heating mantle	15	10	Working	
17	Flourimeter	01	00		
18	Vacuum pump	02	01	Working	
19	Micropipettes (Single and multi channeled)	02	01	Working	
20	Micro Centrifuge	01	01	Working	
21	Projection Microscope	01	01	Working	

**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	10	Yes	
3	Clavengers apparatus	10	10	Yes	
4	Soxhlet apparatus	10	10	Yes	
6	TLC chamber and sprayer	10	10	Yes	
7	Distillation unit	01	01	Yes	

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

**DEPARTMENT OF PHARMACEUTICAL CHEMISTRY Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Working	
2	Oven	03	02	Working	
3	Refrigerator	01	01	Working	

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4	Analytical Balances for demonstration	05	05	Working	
5	Digital balance 10mg sensitivity	10	01	Working	
6	Digital Balance (1mg sensitivity)	01	01	Working	
7	Suction pumps	06	00		
8	Muffle Furnace	01	01	Working	
9	Mechanical Stirrers	10	10	Working	
10	Magnetic Stirrers with Thermostat	10	04	Working	
11	Vacuum Pump	01	01	Working	
12	Digital pH meter	01	01	Working	
13	Microwave Oven	02	01	Working	

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	01	Working	
2	Reflux flask and condenser single necked	20	20	Working	
3	Reflux flask and condenser double / triple necked	20	20	Working	
4	Burettes	40	40	Working	
5	Arsenic Limit Test Apparatus	20	20	Working	
6	Nessler's Cylinders	40	40	Working	

**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	05	Working	
2	Homogenizer	05	05	Working	
3	Digital balance	05	02	Working	
4	Microscopes	05	05	Working	
5	Stage and eye piece micrometers	05	05	Working	
6	Brookfield's viscometer	01	01	Working	
7	Tray dryer	01	01	Working	
8	Ball mill	01	01	Working	

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9	Sieve shaker with sieve set	01	01	Working	
10	Double cone blender	01	00		
11	Propeller type mechanical agitator	05	00		
12	Autoclave	01	01	Working	
13	Steam distillation still	01	00		
14	Vacuum Pump	01	01	Working	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 sets	Working	
16	Tablet punching machine	01	01	Working	
17	Capsule filling machine	01	01	Working	
18	Ampoule washing machine	01	01	Working	
19	Ampoule filling and sealing machine	01	01	Working	
20	Tablet disintegration test apparatus IP	01	01	Working	
21	Tablet dissolution test apparatus IP	01	01	Working	
22	Monsanto's hardness tester	01	01	Working	
23	Pfizer type hardness tester	01	01	Working	
24	Friability test apparatus	01	01	Working	
25	Clarity test apparatus	01	01	Working	
26	Ointment filling machine	01	01	Working	
27	Collapsible tube crimping machine	01	01	Working	
28	Tablet coating pan	01	01	Working	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	05	Working	
30	Digital pH meter	01	01	Working	
31	All purpose equipment with all accessories	01	01	Working	
32	Aseptic Cabinet	01	01	Working	
33	BOD Incubator	02	01	Working	
34	Bottle washing Machine	01	01	Working	
35	Bottle Sealing Machine	01	01	Working	
36	Bulk Density Apparatus	02	01	Working	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Working	
38	Capsule Counter	02	02	Working	
39	Energy meter	02	02	Working	
40	Hot Plate	02	02	Working	

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

**Apparatus:**

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

**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	00		
2	Lyophilizer (Desirable)	01	00		
3	Gel Electrophoresis (Vertical and Horizontal)	01	01		
4	Phase contrast/Trinocular Microscope	01	00		
5	Refrigerated Centrifuge	01	00		
6	Fermenters of different capacity (Desirable)	01	00		
7	Tissue culture station	01	01		
8	Laminar airflow unit	01	01		

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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		
13	Sonicator	01	01		
14	Respinometer	01	01		
15	BOD Incubator	01	01		
16	Paper Electrophoresis Unit	01	00		
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	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Flourimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	00		
7	Flame Photometer	01	00		
8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	00		
11	HPLC	01	00		
12	HPTLC (Desirable)	01	00		

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13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	00		
14	Biochemistry Analyzer (Desirable)	01	00		
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	00		
16	Deep Freezer (Desirable)	01	00		
17	Ion- Exchanger	01	00		
18	Lyophilizer (Desirable)	01	00		

**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



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

	<b>Amount Received</b>	<b>TDS</b>
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**

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

Signature of the Employee:

Date : \_\_\_\_\_ Place: \_\_\_\_\_

**Endorsement**

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

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

Date : \_\_\_\_\_ Place : \_\_\_\_\_