

# 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

<b>A – I .1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	<b>SCHOOL OF PHARMACY</b> <b>SEACOM SKILLS UNIVERSITY</b> Vill.-Kendradangal, P.O. – Sattore, P.S.- Panrui, Dist.- Birbhum Pin – 731236, West Bengal. 033-24301749 033-24309308 info_ssu@seacomgroups.com
Year of starting of the course	<b>Diploma 2017 &amp; Degree 2017</b>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	SEACOM SKILLS UNIVERSITY (Private University under State Act) <b>Seacom Skills University Act, 2014 (ANNEXURE-I)</b>
<b>A – I .2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	SEACOM MARINE COLLEGE (A Registered Charitable & Educational Trust) 11, Kendua Main Road, Kolkata – 700084 033 24301749 033-24309308 <a href="mailto:seacom@seacomgroups.com">seacom@seacomgroups.com</a> <a href="http://www.seacommarinecollege.org">www.seacommarinecollege.org</a> <b>Trust Deed (ANNEXURE – II)</b>
<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	Prof. (Dr.). PRADIP KUMAR KARAR PRINCIPAL, SCHOOL OF PHARMACY, SEACOM SKILLS UNIVERSITY, Vill.-Kendradangal, P.O. – Sattore, P.S.- Panrui, Dist.- Birbhum 033 24307111 9996472256  Kararpradip_24@yahoo.co.in
<b>A – I .4</b> Name and Address of the Head of the Institution	Dr. Manjusha Tarafdar Vice- Chancellor, Seacom SkillsUniversity Vill.-Kendradangal, P.O. – Sattore, P.S.- Panrui, Dist.- Birbhum

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
D. Pharm	2017-2018			
B. Pharm	2017-2018			

**b. APPROVAL STATUS**

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		Approval Letter No and Date				
		Approved Intake				
		Actually Admitted				

**c. STATUS OF APPLICATION**

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

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"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input checked="" type="checkbox"/> UNIVERSITY CAMPUS (NEW CAMPUS)

Examining Authority : For Diploma course

For Degree course

With complete postal CONTROLLER OF EXAMINATION

Address, Telephone No. SEACOM SKILLS UNIVERSITY

and STD Code.

Vill.-Kendradangal, P.O. – Sattore, P.S.- Panrui, Dist.- Birbhum

Pin – 731236, West Bengal.

Phone: 033-24301749

Signature of the Head of the Institution

Signature of the Inspectors

**B - Details of the Institution**

<b>B –I .1</b> Name of the Principal			Prof. (Dr.). Pradip Kumar Karar		
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	Yes	15 years, out of which 5 years as Prof. / HOD	As Per PCI and UGC Norms	
	PhD	Yes	10 years, out of which at least 05 years as Asst. Prof		

\* Documentary evidence should be provided

**B –I .2****For institution seeking continuation of affiliation – FIRST APPLICATION**

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>				

\* Enclose Documents

**B –I .3**

<b>Status of Governing Council:</b>	<b>Government/Trust/Society/Individual/University</b>
<b>Details of the Governing Board</b>	<b>ANNEXURE - III</b>
<b>Minutes of the last Governing council Meeting</b>	<b>ANNEXURE – IV</b>

**B –I .4****Pay Scales:**

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
<b>Teaching Staff</b>	UGC	Yes	Yet to be decided	Yet to be decided	
<b>Non-Teaching Staff</b>	State Government	Yes	Yet to be decided	Yet to be decided	

**B –I .5****D. Pharm Course: Admission statement for the past three years –NA as started in 2017**

ACADEMIC YEAR	Year 2017	Year 200-	Year 200-
<b>Sanctioned</b>	60	NA	NA
<b>No. of Admissions</b>	60	NA	NA
<b>Unfilled Seats</b>	NA	NA	NA
<b>No. of Excess Admissions</b>	NA	NA	NA

**B –I .6****Academic information: Percentage of D. Pharm results for the past three years: NA as started in 2017**

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

Signature of the Head of the Institution

Signature of the Inspectors

**B –I .7****B. Pharm Course: Admission statement for the past three years – NA as started in 2017**

<b>ACADEMIC YEAR</b>	<b>Year 2017</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>Sanctioned</b>	60	NA	NA
<b>No. of Admissions</b>	60	NA	NA
<b>Unfilled Seats</b>	NA	NA	NA
<b>No. of Excess Admissions</b>	NA	NA	NA

**B –I .8****Academic information: Percentage of UG results for the past three years based on University Calendar - NA as started in 2017**

<b>ACADEMIC YEAR</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>1<sup>st</sup> year</b>	NA	NA	NA
<b>2<sup>nd</sup> year</b>	NA	NA	NA
<b>3<sup>rd</sup> year</b>	NA	NA	NA
<b>Final year</b>	NA	NA	NA
<b>Pass % (Final Year)</b>	NA	NA	NA

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

Whether college has NSS Unit (Yes/No)? 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/No
Physical Instructor	Available
Sports Ground	Football Ground, Badminton Court

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)**

- Seacom marine College (Trust)
- Seacom Skills University

**C.2 Please provide following Information -Approximate**

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 i) B.Pharm ii) D. Pharm	48 lac / annum 24 lac / annum	1.	Building	440 lac	
3.	Library Fee	3.60 lac / anum	2.	Equipment	25 lac	
4.	Sports Fee	2.40 lac / annum	3.	Others	10 lac	
5.	Union Fee	NIL	<b>REVENUE EXPENDITURE</b>			
6.	Others	6.00 lac / annum	1.	Salary	42 lac	
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	3.00 lac
				ii	Others	3.00 lac
			3.	University Fee (If any)	NIL	
			4.	Apex Bodies Fee	1.50 lac	
			5.	Government Fee	NIL	
			6.	Deposit held by the College	NIL	
			7.	Others	NIL	
			8.	Misc.Expenditure	2.00 lac	
			<b>Total</b>		51.50 lac	
<b>Total</b>		84.00 lac				
<b>Note: Enclose relevant documents</b>						

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

4659.86sq mtr
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 Amenities and Circulation Area 

990.8. sq mtr
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**2. Class rooms:**

**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	01	90 Sq. mts each	90	
B. Pharm	04	01	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	90	

(\* 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 Sq mts	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	06 nos x 100 = 600	
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 *	06 nos x 100 = 600	
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)	06 nos x 10 = 60	
4	Area of the Machine Room	80-100 Sq.mts	100	
5	Central Instrument Room	80 Sq.mts with A/ C	80	
6	Store Room – I	1 (Area 100 Sq mts)	100	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20	

**\*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	
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	04	80	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)	01	70	

**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	01	80	
2	Library	01	150 Sq. mts	01	220	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	66	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity		Common	
5	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	01	66	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	66	
3	Toilet Blocks for Boys	01	24 Sq.mts	03	57	
4	Toilet Blocks for Girls	01	24 Sq.mts	02	38	
5	Drinking Water facility – Water cooler (Essential).	01	-	01		
6	Boy's Hostel (Desirable)	01	9 Sq mts/ Room Single occupancy	Nil		
7	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	Nil		
8	Power Backup Provision (Desirable)	01		01		

**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	100	
Computer (Latest configuration)	1 system for every 10 students (UG & PG)	20		
Printers	1 printer for every 10 computers	02		
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			Not Available	
Staff quarters	16 x 80 Sq mts			Not Available	
Canteen	100 Sq. mts	01	200	Available	
Parking Area for staff and students		YES		Available	
Bank Extension Counter				Not Available	
Co operative Stores				Not Available	
Guest House	80 Sq. mts	01	300	Available	
Auditorium		01	2000	Common	
Seminar Hall				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	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	156	1560	
2	Annual addition of books		150 books per year	Yet to Come up		
3	Periodicals Hard copies / online		10 National 05 International periodicals	10 05	10 05	
4	CDS		Adequate Nos	Adequate		
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes	Wi-Fi	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01		01 01 01	
7	Library Automation and Computerized System			Yes		
8	Library Timings			8.00 a.m. – 6.00 p.m.		

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	15	150	
2	Pharmaceutical Chemistry – I	10	100	
3	Pharmacognosy	15	150	
4	Biochemistry and Clinical Pathology	15	150	
5	Human Anatomy and Physiology	15	150	
6	Health Education and Community Pharmacy	12	120	
7	Pharmaceutics – II	15	150	
8	Pharmaceutical Chemistry – II	15	150	
9	Pharmacology and Toxicology	14	140	
10	Pharmaceutical Jurisprudence	10	100	
11	Drug Store and Business Management	08	80	
12	Hospital and Clinical Pharmacy	12	120	

**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	02	

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 Practicals → 20:1) If more than 20 students in a batch 2 staff Members to be present provided the lab is spacious.

Class	Theory	Practicals	Remarks of the Inspectors
B.Pharm	60:1	20:1	
D.Pharm	60:1	20:1	

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

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

	Commencement DD/MM/YY	Completion DD/MM/YY
1 <sup>st</sup> Semester	01/08/2017	31/05/2018
	<b>No of Days</b>	<b>No of Days</b>

**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 DD/MM/YY	Completion DD/MM/YY
1 <sup>st</sup> Semester	01/08/2017	31/05/2018
	<b>No of Days</b>	<b>No of Days</b>

**7. Vacation for D.PHARM:**                      **Summer:**                            **Winter:**     

**8. Total Number of working days for D.PHARM**     

**9. Time Table copy Enclosed:**

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 [ANNEXURE- V]**

**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

**II B. Pharm: NA**

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: NA**

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: NA**

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

**11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PHARM  
- YES [ANNEXURE –VI]**

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	
<b>I D. Pharm</b>							
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		----		----		
<b>II D. Pharm NA</b>							
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 - YES  
(if any, as per university norms)**

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

**A.**

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

Signature of the Head of the Institution

Signature of the Inspectors

**B. Papers Presented / Published during last three years - NA**

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

**14. Whether Internal Assessments are conducted periodically as per university / Board norms - YES**

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>B.PHARM</b>							
I B. Pharm	03/10/2017	06/10/2017	27/11/2017	30/11/2017			
II B. Pharm	NA	NA	NA	NA			
III B. Pharm	NA	NA	NA	NA			
IV B. Pharm	NA	NA	NA	NA			
<b>D.PHARM</b>							
I D. Pharm	01/11/2017	04/11/2017	05/02/2018	08/02/2018	02/05/2018	07/05/2018	
II D.Pharm	NA	NA	NA	NA	NA	NA	

**15. Whether Evaluation of the internal assessments is Fair - NA**

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									
II B.Pharm									
III B.Pharm									
IV B.Pharm									

**16. Whether Evaluation of the internal assessments is Fair - NA**

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									
II D.Pharm									

**17. Work load of Faculty members for D. Pharm and B. Pharm , Fresh application(ANNEXTURE:VIII)**

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

Signature of the Head of the Institution

Signature of the Inspectors

**18. Work load of Faculty members for B. Pharm ,Fresh application, Proposed( ANNEXTURE:VII)**

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		

**19. Workload of Faculty members for D. Pharm, Fresh application, Proposed( ANNEXTURE:VII)**

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		

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

Details	Year 200-	Year 200-	Year 200-
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**

For B. Pharm - YES

If applicable please give the details for the previous Year -NA

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

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

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

**23. Whether Professional Society Activities are Conducted (Enclose Details)**

(ISTE, IPA, APTI, ICTA and Related Societies) -

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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 D. Pharm and B.Pharm Course to be enclosed in the format mentioned below: (ANNETURE VIII) (New Appli: Proposed)**

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

**2. Details of Teaching Faculty for B.Pharm Course to be enclosed in the format mentioned below: ANN: IX(New Appli: Proposed)-NA**

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

**3. Details of Teaching Faculty for D. Pharm Course to be enclosed in the format mentioned below: ANN: IX(New Appli: Proposed)- NA**

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

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

Qualification			
B. Pharm	M. Pharm	PhD	Others
	05	01	03
			<b>Part Time</b>

**5. Staff Pattern for B. Pharm courses department wise: : Professor: Asst. Professor: Lecturer (New Appli: Proposed)**

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	02	
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis)	Professor	1	02	
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmacology	Professor	1	01	
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacognosy	Professor	1	01	
	Asst. Professor	1		
	Lecturer	2		

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Signature of the Inspectors



**6. Teaching Staff required year wise exclusively for B. Pharm for intake of 60 Students. (New Appli: Proposed)**

	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	01	2		3		4	
Pharmaceutical Analysis	1	00	..		-		1	
Pharmacology	1	01	2		3		4	
Pharmacognosy	1	01	2		3		3	
Pharmaceutics	1	02	2		3		4	
<b>Total</b>	<b>6</b>	06	<b>9</b>		<b>13</b>		<b>17</b>	
<b>Part time teaching Staff</b>	<b>3</b>	03	-		-		-	
<b>Remarks of the Inspection Team</b>								

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

**7. Selection criteria and Recruitment Procedure for Faculty: (Details in Annexure- XI and XII)**

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	No
d.	Whether opinion of Recruitment Committee Recorded	No

**8.Details of Faculty Retention for: NA**

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 - NA**

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

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**10. Number of Non-teaching staff available for D. Pharm and B. Pharm course for intake of 60 students: (New Appli: Proposed)**

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

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**11. Scale of pay for Teaching faculty (to be enclosed): (FRESH APPLICATION, AS PER UGC NORMS)**

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					

**12. Whether facilities for Research / Higher studies are provided to the faculty? Fresh application-Not Yet Decided**

(Inspectors to verify documents pertaining to the above)

**13. Whether faculty members are allowed to attend workshops and seminars? Fresh application-Not Yet Decided**

(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) : (ANNEXURE: X)**

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

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

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## PART V - DOCUMENTATION

### Records Maintained: Essential

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Registers	Yes		
2.	Individual Service Register	Yes		
3.	Staff Attendance Registers	Yes		
4.	Sessional Marks Register	Yes		
5.	Final Marks Register	Yes		
6.	Student Attendance Registers	Yes		
7.	Minutes of meetings- Teaching Staff	Yes		
8.	Fee paid Registers	Yes		
9.	Acquittance Registers	Yes		
10.	Accession Register for books and Journals in Library	Yes		
11.	Log book for chemicals and Equipment costing more 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	Yet to come up		

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) : N.A.**

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

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

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

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

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment			Equipment			Equipment			

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

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	
<b>1</b>	<b>Books</b>			<b>Books</b>			<b>Books</b>			
<b>2</b>	<b>Journals</b>			<b>Journals</b>			<b>Journals</b>			

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

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**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:**

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

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

**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	01	Yes	
2	Polarimeter	01	01	Yes	
3	Photoelectric colorimeter	01	01	Yes	
4	Ph meter*	01	01	Yes	
5	Atomic model set*	02	01	Yes	
6	Electronic balance*	01	01	Yes	
7	Periodic table chart*	Adequate	Adequate	Yes	

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

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**PHYSIOLOGY & PHARMACOLOGY LABORATORY****Equipment:**

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

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

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

### PHARMCOGNOSY LABORATORY

#### Equipment:

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

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

### PHARMACY PRACTICE LABORATORY : Equipment: YET TO COME UP

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

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10	Autoclave sterilizer	1			
11	Membrane filter	1 Unit			
12	Sintered glass funnel with complete filtering assemble	Adequate			
13	Small disposable membrane filter for IV admixture filtration	Adequate			
14	Laminar air flow bench	1			
15	Vacuum pump	1			
16	Oven	1			
17	Surgical dressing	Adequate			
18	Incubator	1			
19	PH meter	1			
20	Disintegration test apparatus	1			
21	Hardness tester	1			
22	Centrifuge	1			
23	Magnetic stirrer	1			
24	Thermostatic bath	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 medicine plants.
2. Display of popular patent medicines, and
3. Containers of common usage in medicines.

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

### DEPARTMENT OF PHARMACOLOGY : YET TO COME UP

#### Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes*	15	15	YES	
2	Haemocytometer with Micropipettes*	20	15	YES	
3	Sahli's haemocytometer	20	15	YES	
4	Hutchinson's spirometer	01	01	YES	
5	Sphygmomanometer*	5	05		
6	Stethoscope*	5	05		
	Permanent Slides for various tissues Organs and endocrine glands One slide of each organ system	One pair of each tissue	SUFFICIENT		
8	Models for various organs	One model of each organ system	SUFFICIENT		
9	Specimen for various organs and systems*	One model for each organ system	SUFFICIENT		
10	Skeleton and bones*	One set of skeleton and one spare bone	SUFFICIENT		
11	Different Contraceptive Devices and Models*	One set of each device	SUFFICIENT		
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	05		
20	Sherrington Drum*	10	05		
21	Perspex bath assembly (single unit)	10	10		

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22	Aerators*	10	10		
23	Computer with LCD	01			
24	Software packages for experiment	01			
25	Standard graphs of various drugs	Adequate number	SUFFICIENT		
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	Convulsiometer*	01	01		
31	Plethysmograph	01	01		
32	Digital pH meter	01	01		

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	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	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	
5	B.O.D.incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	

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

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	20	Yes	
2	Water bath	20	20	Yes	
3	Clavengers apparatus	10	10	Yes	
4	Soxhlet apparatus	10	10	Yes	
5	TLC chamber and sprayer	10	10	Yes	
6	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	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	
4	Analytical Balances for demonstration	05	05	Yes	

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

**Apparatus:**

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

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

**DEPARTMENT OF PHARMACEUTICS -**

**Equipment:**

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	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		
10	Autoclave*	01	01		
11	Steam distillation still	01	01		

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12	Vacuum Pump*	01	01		
13	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	SUFFICIENT		
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 hardness tester	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	01		
28	Digital pH meter	02	01		
29	All purpose equipment with all accessories	01	01		
30	Aseptic Cabinet	01	01		
31	BOD Incubator	02	01		
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		
44	Distillation Unit	01	01		

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**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	10		
2	Stalagmometer	15	10		
3	Desiccator*	05	04		
4	Suppository moulds	20	20		
5	Buchner Funnels Small, medium, large	05 each	SUFFICIENT		
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 - NA AT PRESENT**

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

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16	Paper Electrophoresis Unit	01			
17	Micro Centrifuge	01			
18	Incubator water bath	01			
19	Autoclave	01			
20	Refrigerator	01			
21	Filtration Assembly	01			
22	Digital pH meter	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	01	Yes	
7	Flame Photometer	01	01	Yes	
8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01			
11	HPLC	01			
12	HPTLC (Desirable)	01			
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01			
14	Biochemistry Analyzer (Desirable)	01			
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01			
16	Deep Freezer (Desirable)	01			
17	Ion- Exchanger	01	01	YES	
18	Lyophilizer (Desirable)	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.

Photograph

Date of Birth & Age .....

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

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

Present Designation : \_\_\_\_\_

Department : \_\_\_\_\_

College : \_\_\_\_\_

City : \_\_\_\_\_

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

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

Contd. on page 2

Permanent Residential

Address of employee : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

STD Code

Phone No.

Phone & Fax Number with Code      Office : \_\_\_\_\_

Residence : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Date of joining present institution : \_\_\_\_\_ as \_\_\_\_\_  
(Designation)

Details of the previous appointments/teaching experience

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

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

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

Contd. on page 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 :



