

PHARMACY COUNCIL OF INDIA

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

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

(SIF-A)

To be filled up by P.C.I.

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: Rajiv Memorial Education Society's Rajiv Gandhi College of Pharmacy Complete Postal address: Near Koranti Hanuman Temple Naganahalli Road, Gulbarga-585103 STD code: 08472 Telephone No. 271567 Fax No. 08472-254649 E-mail | |
| Year of starting of the course 2018-19 | |
| Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust) | Private (Registration Copy of Society Enclosed) |
| A – I. 2 Name, address of the Society/Trust/ Management : (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site: | Rajiv Memorial Education Society's Balaji Nagar, Old Jewargi Road, Gulbarga-585102 08472-271567 9880200905 08472-254649 kishore.singh6@gmail.com |
| A – I. 3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail | Dr. Kishore Singh C, M.Pharm Ph.D 9880200905 08472 271567 08472 - 271567 9880200905 08472-254649 kishore.singh6@gmail.com |
| A – I. 4 Name and Address of the Head of the Institution | Prof. Siddanna Durgad, Rajiv Memorial Education Society's Rajiv Gandhi College of Pharmacy Near Koranti Hanuman Temple Naganahalli Road Gulbarga-585103 Mobile No: 9448414384, |

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 |
|--------------------|----------------------------|------------|------------|
| D. Pharm | 50000=00 | | 29/08/2017 |

b. APPROVAL STATUS:

| Name of the Course | Approved up to | Intake Approved and Admitted | PCI | STATE GOVERNMENT | Remarks of the Inspectors |
|--------------------|----------------|------------------------------|--------------------|------------------|---------------------------|
| D. Pharm | | Approval Letter No and Date | Fresh Proposal | Fresh Proposal | |
| | | Approved Intake | Proposed Intake 60 | | |
| | | Actually Admitted | Nil | | |

c. STATUS OF APPLICATION

| Course | Extension of Approval | Increase in Intake of Seats | Remarks | | | |
|----------|-----------------------|-----------------------------|----------------|-----------------------------|--|--|
| | | | Current Intake | Proposed increase in Intake | | |
| D. Pharm | New Proposal | -- | -- | -- | | |

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 Institutional Campus | <input type="checkbox"/> No |

Examining Authority :

Board Of Examining Authority, (BEA) Govt. College of Pharmacy,
3rd Floor, Subbaiah Circle, P. Kalingarao Road, Bangalore-27

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

080-22483465

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

| | | | | | |
|-----------------------------------------|-----------------------|-----------------------|---------------------------------------------|------------------------------|--------------------------------------|
| B -I .1 Name of the Principal | | Prof. Siddanna Durgad | | | |
| Qualification/ Experience | Qualification* | | Teaching Experience Required | Actual experience | Remarks of the Inspectors |
| | M. Pharm | | 05 years | 25years | |
| | PhD (Desirable) | | 02 years | | |

* Documentary evidence should be provided
(Copy Enclosed)

B -I .2

For institution seeking continuation of approval

| Course | Date of last Inspection | Remarks of the Previous Inspection Report | Complied / Not Complied | Intake reduced/Stopped in the last 03 years* |
|-----------------|----------------------------|-------------------------------------------------|----------------------------|----------------------------------------------------|
| D. Pharm | Fresh Proposal | - - | -- | -- |

* Enclose Documents

B -I .3 Pay

Scales:

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

B -I .4

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

| ACADEMIC YEAR | 200- | 200- | 200- |
|---------------------------------|----------------|------|------|
| Sanctioned | FRESH PROPOSAL | | |
| No. of Admissions | | | |
| Unfilled Seats | | | |
| No. of Excess Admissions | | | |

B -I .5

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

| ACADEMIC YEAR | Year 200- | Year 200- | Year 200- |
|------------------|----------------|-----------|-----------|
| D. Pharm | FRESH PROPOSAL | | |

Signature of the Head of the Institution

Signature of the Inspectors

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

| | |
|-----------------------------------------------------------------------------------------------------------|---------------------------|
| 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 / Not available |
| Sports Ground | Individual / Shared |

Signature of the Head of the Institution**Signature of the Inspectors**

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

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C .2 Please provide following Information

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

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

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

b. Land:
 i) Leased or own Leased Own

Sale / Agreement deed (records to be enclosed) : **Copy Enclosed**

c. Building: Leased Rented

i) Leased/Rented † (Record to be enclosed) : **Copy of plan Enclosed**
 ii) If Own (Approved Building plan & sale deed to be enclosed) : **Not available**

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

2. Class rooms:

Total Number of Class rooms provided

| Class | Required | Available | Required Area * for each class room | Available Area in Sq. mts | Remarks of the Inspectors |
|----------|----------|-----------|----------------------------------------|------------------------------|---------------------------------|
| D. Pharm | 02 | 02 | 90 Sq. mts | 900 sq ft each | |

(* To accommodate 60 students)

3. Laboratory requirement

| Sl. No. | Name of Infrastructure | Requirement as per Norms | Available | | Remarks/ Deficiency |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------|---------------------|
| | | | No. | Area in Sq. mts | |
| 1 | Laboratory Area for D.Pharm Course | 50 Sq mts x n (n=05) | 5 | | |
| 2 | Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House | 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 05 Laboratories 01 (10 sq.mts) | 1 1 1 1 1 | 600 sq ft 600 sq ft 600 sq ft 600 sq ft 600 sq ft | |
| 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) | 2 | 100 sq ft | |
| 4 | Area of the Machine Room | 100 Sq mts | 1 | 1100 sq ft | |
| 5 | Aseptic Room | 25 Sq mts | | -- | |
| 6 | Store Room – I | 1 (Area 20 Sq mts) | 1 | 250 sq ft | |
| 7 | Store Room – II (For Inflammable chemicals) | 1 (Area 20 Sq mts) | 1 | 250 sq ft | |

* Not required if computer simulated software are available

Signature of the Head of the Institution

Signature of the Inspectors

† The Institutions will not be permitted to run the courses in rented building on or after 31.12.2008

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fume chamber to reduce the pollution wherever necessary.
3. The workbenches should be smooth and easily cleanable preferably made of non -absorbent material.
4. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

4. Administration Area:

| Sl. No. | Name of infrastructure | Requirement as per Norms in number | Requirement as per Norms in area | Available | | Remarks/ Deficiency |
|---------|---------------------------------------------------|------------------------------------|---------------------------------------------------------|-----------|-----------------|---------------------|
| | | | | No. | Area in Sq. mts | |
| 1 | Principal's Chamber | 01 | 20 Sq mts | 1 | 250 | |
| 2 | Office – I Including Confidential Room | 01 | 40 Sq mts | 1 | 400 | |
| 3 | Staff / Faculty Rooms for D. Pharm course | 01 | 30 Sq mts | 1 | 300 | |
| 4 | Library with computer and reprographic facilities | 01 | 100 Sq mts | | | |
| 5 | Museum | 01 | 30 Sq mts (May be attached to the Pharmacognosy Lab) | | Available | |
| 6 | Auditorium / Multi Purpose Hall (Desirable) | 01 | 250 – 300 seating capacity | 1 | | |
| 7 | Herbal Garden (Desirable) | 01 | Adequate Number of Medicinal Plants | | Available | |

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Signature of the Inspectors

5. Student Facilities:

| Sl. No. | Name of infrastructure | Requirement in number | Requirement in area | Available | | Remarks/ Deficiency |
|---------|--------------------------------------------------|-----------------------|-------------------------------------------------------------------------|-----------|-----------------|---------------------|
| | | | | No. | Area in Sq. mts | |
| 1 | Girl's Common Room (Essential) | 01 | 40 Sq mts | 1 | 450 | |
| 2 | Boy's Common Room (Essential) | 01 | 40 Sq mts | 1 | 400 | |
| 3 | Toilet Blocks for Boys | 01 | 25 Sq mts | | 200 | |
| 4 | Toilet Blocks for Girls | 01 | 25 Sq mts | | 200 | |
| 5 | Canteen (Desirable) | 01 | 100 Sq mts | | | |
| 6 | Drinking Water facility Water Cooler (Essential) | 01 | | | Available | |
| 7 | Boy's Hostel (Desirable) | 01 | 9 Sq mts / Room Single occupancy | | -- | |
| 8 | Girl's Hostel (Desirable) | 01 | 9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy) | | -- | |
| 9 | Power Backup Provision (Desirable) | 01 | | | -- | |

6. Computer and other Facilities:

| Name | Required | Available | Available | | Remarks of the Inspectors |
|---------------------------------|----------------------------------|-----------|-----------|-----------------|---------------------------|
| | | | No. | Area in Sq. mts | |
| Computer (latest Configuration) | 1 system for every 10 students | Available | 10 | 400 | |
| Printers | 1 printer for every 10 computers | | 02 | | |
| Xerox Machine | 01 | | 01 | | |
| Multi Media Projector | 02 | | 01 | | |

7. Amenities (Desirable)

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

Signature of the Head of the Institution

Signature of the Inspectors

8. 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 |
|---------|--------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|---------------------------|
| | | | | Titles | Numbers | |
| 1 | Number of books | 75 | 750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy | Order placed | | |
| 2 | Annual addition of books | | 75 books per year | - | - | |
| 3 | Periodicals Hard copies / online | | 06 National Journals Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology. | Order Placed | | |
| 4 | Library Timings: 9 am to 6 pm | | | | | |

8.B. Subject wise Classification:

| Sl. No | Subject | Available | | Remarks of the Inspectors |
|--------|-----------------------------------------|-----------|--------------|---------------------------|
| | | Titles | Numbers | |
| 1 | Pharmaceutics – I | } | | |
| 2 | Pharmaceutical Chemistry – I | | | |
| 3 | Pharmacognosy | | | |
| 4 | Biochemistry and Clinical Pathology | | | |
| 5 | Human Anatomy and Physiology | | | |
| 6 | Health Education and Community Pharmacy | | Order Placed | |
| 7 | Pharmaceutics – II | | | |
| 8 | Pharmaceutical Chemistry – II | | | |
| 9 | Pharmacology and Toxicology | | | |
| 10 | Pharmaceutical Jurisprudence | | | |
| 11 | Drug Store and Business Management | | | |
| 12 | Hospital and Clinical Pharmacy | | | |

8.C. Library Staff:

| | Staff: | Qualification | Required | Available | Remarks of the Inspectors |
|---|-------------------|---------------|----------|-----------|---------------------------|
| 1 | Librarian | D. Lib | 1 | | |
| 2 | Library Attenders | 10+ 2 /PUC | 1 | | |

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

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

Theory

Practicals

(Required ratio --- Theory → 60:1 and Practicals → 20:1)

If more than 20 students in a batch 2 staff members to be present provided the lab is spacious

2. Date of Commencement of session:

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| | |
|----------------------------------|--------------------------------|
| Commencement DD/MM/YY | Completion DD/MM/YY |
|----------------------------------|--------------------------------|

No of Days

No of Days

3. Vacation:

Summer:

Winter:

4. Total Number of working days:

5. Time Table:

Time Table for I and II D. Pharm Enclosed

Yes

No

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

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| Class / Subject | Theory | | Practicals | | | | Remarks of the Inspectors |
|-----------------------------------------|------------------------|-----------------------|-------------------------|-----------------------|------------------------------|-------------------------|---------------------------|
| | Prescribed No of Hours | No of Hours Conducted | Prescribed No. of Hours | No of Hours Conducted | Prescribed Number of Classes | No of Classes conducted | |
| 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 | | ---- | | ---- | | |
| II D. Pharm | | | | | | | |
| 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 | | |

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Signature of the Inspectors

7. Whether Internal Assessments are conducted periodically as per PCI norms

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Yes No

8. 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 D. Pharm | | | | | | | | | |
| II D. Pharm | | | <u>FRESH PROPOSAL</u> | | | | | | |

9. Workload of Faculty members for D. Pharm

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| 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 | | |
| | | | | | | | | |

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

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

| Sl No | Name | Designation | Qualification | Date of Joining | Teaching Experience | | State Pharmacy Council Reg No. | Signature of the faculty | Remarks of the Inspectors |
|----------------------------------------|------|-------------|---------------|-----------------|---------------------|----------|--------------------------------|--------------------------|---------------------------|
| | | | | | After UG | After PG | | | |
| LIST OF FACULTY (COPY ENCLOSED) | | | | | | | | | |

2. Qualification and number of Staff Members

Number of staff members required: 07

| Qualification | | | |
|------------------------|----------|-----|--------------------|
| B. Pharm | M. Pharm | PhD | Others - Full Time |
| (COPY ENCLOSED) | | | |

3. Details of Faculty Retention for: FRESH PROPOSAL

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

4. Details of Faculty Turnover

FRESH PROPOSAL

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

5. No. of Non-teaching staff available for D. Pharm course for intake of 60 Students:

| Sl. No. | Designation | Required Number | Required Qualification | Available | | Remarks of the Inspection team |
|---------|----------------------------------|-----------------|-----------------------------|-----------|---------------|--------------------------------|
| | | | | Number | Qualification | |
| 1 | Laboratory Technician | 02 | D. Pharm | | | |
| 2 | Laboratory Assistants/ Attenders | 04 | SSLC | 04 | PUC | |
| 3 | Office Superintendent | 01 | Degree | 01 | B.A | |
| 4 | Accountant cum Clark | 01 | Degree | 01 | B.A | |
| 5 | Store keeper | 01 | D. Pharm | 01 | B.Sc | |
| 6 | Computer Data Operator | 01 | 10+2 with computer training | 01 | B.Sc | |
| 7 | Peon | 02 | SSLC | 02 | -- | |
| 8 | Cleaning personnel | 04 | --- | 02 | -- | |
| 9. | Gardener | 01 | --- | 01 | -- | |

Signature of the Head of the Institution

Signature of the Inspectors

7. Scale of pay for Teaching faculty (to be enclosed): **FRESH PROPOSAL**

| 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 |
|--------|------|---------------|-------------|---------------|--------|---------|---------|---------------------|------------|-----|-----|-------------|--------|-------------|-------|-----------|
| | | | | | | | | | PT | TDS | EPF | | | | | |
| | | | | | | | | | | | | | | | | |

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

(Inspectors to verify documents pertaining to the above) **FRESH PROPOSAL**

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

(Inspectors to verify documents pertaining to the above) **FRESH PROPOSAL**

10. Scope for the promotion for faculty: Promotions

Yes

No

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11. Gratuity Provided

Yes

No

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12. Details of Non-teaching staff members (list to be enclosed) : Copy Enclosed

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

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation Programs

Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: (Essential) *FRESH PROPOSAL*

| Sl. No | Records | Yes | No | Remarks of the Inspectors |
|---------------|------------------------------------------------------------------------|------------|-----------|----------------------------------|
| 1. | Admissions Registers | | | |
| 2. | Individual Service Register | | | |
| 3. | Staff Attendance Registers | | | |
| 4. | Sessional Marks Register | | | |
| 5. | Final Marks Register | | | |
| 6. | Student Attendance Registers | | | |
| 7. | Minutes of meetings- Teaching Staff | | | |
| 8. | Fee paid Registers | | | |
| 9. | Acquittance Registers | | | |
| 10. | Accession Register for books and Journals in Library | | | |
| 11. | Log book for chemicals and Equipment costing more than Rupees one lakh | | | |
| 12. | Job Cards for laboratories | | | |
| 13. | Standard Operating Procedures (SOP's) for Equipment | | | |
| 14. | Laboratory Manuals | | | |
| 15. | Stock Register for Equipment | | | |
| 16. | Animal House Records as per CPCSEA | | | |

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

1. Financial Resource allocation and utilization for the past three years:

(Audited Accounts for the previous year to be enclosed)

AUDIT REPORT OF SOCEITY COPY 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 | |
| | | | | | | | | | | |

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

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| 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 | | | Chemicals | | | Chemicals | | | |
| | Glassware | | | Glassware | | | Glassware | | | |

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

(Enclose purchase invoice) **FRESH PROPOSAL**

| 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 | | | Equipment | | | Equipment | | | |

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Signature of the Inspectors

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

| SI No. | Expenditure in Rs. | | | Expenditure in Rs. | | | Expenditure in Rs. | | | Remarks of the Inspectors* |
|--------|------------------------|------------|----------|------------------------|------------|----------|------------------------|------------|----------|----------------------------|
| | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | Total budget allocated | Sanctioned | Incurred | |
| 1 | Books | | | | | | | | | |
| 2 | Journals | | | | | | | | | |

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

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS
Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS

Equipment:

ORDER PLACED

| Sl. No. | Name | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|-------------------------------------------------------------------------------|-----------------------|----------------------------|------------------|---------------------------|
| 1 | Continuous Hot Extraction Equipment | 05 | | | |
| 2 | Conical Percolator | 05 | | | |
| 3 | Tincture Press | 01 | | | |
| 4 | Hand Grinding Mill | 01 | | | |
| 5 | Disintegrator | 01 | | | |
| 6 | Ball mill | 01 | | | |
| 7 | Hand operated Tablet machine | 01 | | | |
| 8 | Tablet Coating Pan unit with hot air blower laboratory size | 01 | | | |
| 9 | Polishing pan laboratory size | 01 | | | |
| 10 | Monsanto's hardness tester | 01 | | | |
| 11 | Pfizer type hardness tester | 01 | | | |
| 12 | Tablet disintegration test apparatus IP | 01 | | | |
| 13 | Tablet dissolution test apparatus IP | 01 | <u>ORDER PLACED</u> | | |
| 14 | Granulating sieve set | 10 | | | |
| 15 | Tablet counter – small size | 05 | | | |
| 16 | Friability tester | 01 | | | |
| 17 | Collapsible tube – Filling and sealing equipment | 01 | | | |
| 18 | Capsule filling machine – Lab size | 01 | | | |
| 19 | Digital balance | 01 | | | |
| 20 | Distillation unit for distilled water | 02 | | | |
| 21 | Deionisation unit | 01 | | | |
| 22 | Glass distillation unit for water for injection | 01 | | | |
| 23 | Ampoule washing machine | 01 | | | |
| 24 | Ampoule filling and sealing machine | 01 | | | |
| 25 | Sintered glass filters for bacterial proof filtration (four different grades) | Adequate | | | |
| 26 | Millipore filter (3 grades) | Adequate | | | |

Signature of the Head of the Institution

Signature of the Inspectors

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

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

PHARMACEUTICAL CHEMISTRY

Equipment:

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

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

Signature of the Head of the Institution

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|---------------------------------------------------------------------------|----------|--|--|--|
| 31 | Human skeleton | 1 | | | |
| 32 | Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.) | 1 set | | | |
| 33 | Electro-convulsimeter | 1 | | | |
| 34 | Stop watch | Adequate | | | |
| 35 | Clamp, boss heads, screw clips | Adequate | | | |
| 36 | Syme's Cannula | Adequate | | | |

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

PHARMCOGNOSY LABORATORY

Equipment:

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

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

PHARMACY PRACTICE LABORATORY

Equipment:

| SI No. | Name | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|--------|---------------------------------------------------------------------------------------------------------|-----------------------|---------------------|------------------|---------------------------|
| 1 | Colorimeter | 2 | ORDER PLACED | | |
| 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 | | | |

Signature of the Head of the Institution

Signature of the Inspectors

| | | | | | |
|----|--------------------------------------------------------------|----------|---|--|----------------------------|
| 8 | Filling Machine | 1 | } | | |
| 9 | Sealing Machine | 1 | | | |
| 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 | | | <u>ORDER PLACED</u> |
| 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 numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.

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

1. Colored slides of medicine plants.
2. Display of popular patent medicines, and
3. Containers of common usage in medicines.

Signature of the Head of 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

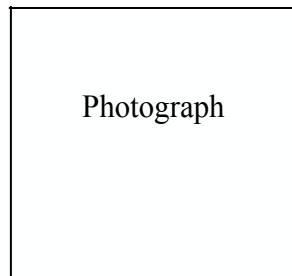
PHARMACY COUNCIL OF INDIA

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.

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 :-

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

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

P.A.N. : _____ Circle : _____

Declaration

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

Signature of the Employee:

Date : _____ Place: _____

Endorsement

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

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

Date : _____ Place : _____