

PHARMACY COUNCIL OF INDIA

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

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

(SIF-B)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)
2.

PART – I

A - GENERAL INFORMATION

A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	SREE COLLEGE OF PHARMACY NayakulaGudem(Vill), SujathaNagar(Mandal) Bhadradri-Kothagudem(Dist) 08745257143 <u>sreepharma99@gmail.com</u>
Year of starting of the course	2007
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	PRIVATE
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	NEO EDUCATIONAL SOCIETY Bollorugudem New Paloncha Bhadradri-Kothagudem 507115-TS <u>sreepharma99@gmail.com</u>
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	G.CHIRANJEEVI Principal SREE COLLEGE OF PHARMACY NAYAKULAGUDEM 08744 212132 9908339511 254442 <u>chiranjeevig78@gmail.com</u>
A – I.4 Name and Address of the Head of the Institution	G.CHIRANJEEVI, Principal, Sree College of Pharmacy, NayakulaGudem(vi), Sujathanagar(M), Bhadradri-Kothagudem(Dist)-TS 507120

Signature of the Head of the Institution

Signature of the Inspectors

A –I . 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2015-17	530416	20/04/2017	

b. APPROVAL STATUS:

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2015-17	Approval Letter No and Date	32/989			
		Approved Intake	60	60	60	
		Actually Admitted	39	39		

c. STATUS OF APPLICATION

COURSES INSPECTED FOR

Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks Current Intake
	Yes	No	Yes	No	
B. Pharm	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No	60

Note: Enclose relevant documents

A –I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same

Building / campus? If Yes, Give Details

Yes

No

A – I. 6 a

Status of the Pharmacy Course:

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

Examining Authority : Ar.Srinivasan,M.B.Arch,Reg.No. CA/94/17073
 With complete postal : 50-591,Sri vindya residence aprts,Rajendranagar,VSP-16
 Address, Telephone No. : 9440878289,2536635
 and STD Code. :

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B -I .1					
Name of the Principal		Dr.G.Chiranjeevi			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	√	15 years, out of which 5 years as Prof. / HOD	13	
	PhD	√	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

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	--	Animal house	Yes	--

* Enclose Documents

B -I .3

Status of Governing Council:	Society
Details of the Governing Body	Enclosed
Minutes of the last Governing council Meeting	Enclosed

B -I .4

Pay Scales:

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

B -I .5

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

ACADEMIC YEAR	Year 2014	Year 2015	Year 2016
Sanctioned	120	100	60
No. of Admissions	30	20	40
Unfilled Seats	90	80	20
No. of Excess Admissions	Nil	Nil	Nil

Signature of the Head of the Institution

Signature of the Inspectors

B – I .6

Academic information: Percentage of UG results for the past three years based on University Calendar

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
1st year	76%	91.53%	Results awaiting
2nd year	98%	96%	
3rd year	83%	85%	
Final year	90%	95%	
Pass % (Final Year)	75%	88%	

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

Whether college has NSS Unit (Yes/No)? If no give reasons	No
NSS Programme Officer's Name	NA
Programme conducted (mention details)	Rural Development
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available
Sports Ground	Available

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

C .2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others		CAPITAL EXPENDITURE			
2.	Tuition Fee	12769875	1.	Building	284448	
3.	Library Fee		2.	Equipment	2492450	
4.	Sports Fee		3.	Others	314436	
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others	1091778	1	Salary	3900000	
			2.	MAINTENANCE EXPENDITURE		
				i	College	5917729
				ii	Others	
			3.	University Fee (If any)	702600	
			4.	Apex Bodies Fee	300000	
			5.	Government Fee		
			6.	Deposit held by the College	1500000	
			7.	Others		
			8.	Misc.Expenditure		
	Total	13861683	Total		13861683	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) :
 a) 2.5 acres District HQ/Corporation/Municipality limit Acres 2.01 gts.
 b) 0.5 acre for City / Metros
- b. Building : **Own**
- c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : **Enclosed**
- d. Building[†] :
 i) Approved Building plan, to be Enclosed : **Enclosed**
- e. Total Built Area of the college building in Sq.mts : Built up Area

3420 smts

 Amenities and Circulation Area

1026 smts

2. Class rooms:

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

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	04	04	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	81Sq. mts	

(*To accommodate 60 students).

3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	10 & 1059.12 sq.mts	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	3 & 282.09 3 & 333.64 1 & 109.74 1 & 86.190 1 & 109.73 1 & 137.73 10 & 1059.12	
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)	5 & 50	
4	Area of the Machine Room	80-100 Sq.mts	1 & 100 sq.mts	
5	Central Instrumentation Room	80 Sq.mts with A/ C	1 & 109.74	
6	Store Room – I	1 (Area 100 Sq mts)	1 & 100 sq.mts	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	1 & 27.32 sq.mts	

Signature of the Head of the Institution

Signature of the Inspectors

***Number of laboratories required for entire course of 4 years.**

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

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

4. Administration Area:

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

5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	4	80	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	4	160	

6. Museum, Library, Animal House and other Facilities

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	1	90	
2	Library	01	150 Sq mts	1	150.02	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	01	01	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	No	No	
5	Seminar Hall	01		01	120	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	01	

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	1	60	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	60	
3	Toilet Blocks for Boys	01	24 Sq.mts	2	48	
4	Toilet Blocks for Girls	01	24 Sq.mts	1	24	
5	Drinking Water facility – Water Cooler (Essential).	01		2	--	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	NA	NA	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	NA	NA	
8	Power Backup Provision (Desirable)	01		1	20	

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	1	75	
Computer (Latest Configuration)	1 system for every 10 students	30	240	
Printers	1 printer for every 10 Computers	4	10	
Multi Media Projector	01	2	10	
Generator (5KVA)	01	1	20	

Signature of the Head of the Institution

Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. Mts		
Principal quarters	80 Sq. mts		NA		
Staff quarters	16 x 80 Sq. mts		NA		
Canteen	100 Sq. mts		100		
Parking Area for staff and students			60		
Bank Extension Counter			NA		
Co operative Stores			NA		
Guest House	80 Sq. mts		NA		
Transport Facilities for students		01	Available		
Medical Facility (First Aid)			Available		

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	589	5047	
2	Annual addition of books		100 to 150 books per year	105	1378	
3	Periodicals Hard copies / online		10 National 05 International periodicals	10 & 02	15	
4	CDS		Adequate Nos	Adequate Nos	25	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes	1	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01	Available Available Available	
7	Library Automation and Computerized System				Available	
8	Library Timings				10.00 am to 5.00 pm	

10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio: Theory **60:1** Practicals **20:1** Remarks of the Inspectors

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

to be present provided the lab is spacious.

2. Scheme of B. Pharm Course: Annual

3. Date of Commencement of session / sessions:

Commencement	Completion
29/08/16	DD/MM/YY

No of Days

No of Days

4. Vacation: Summer: Winter:

5. Total No. of working days:

6. Time Table:

Time Table for B. Pharm course Enclosed Yes No

7. Whether the prescribed numbers of classes are being conducted as per university norms
I B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Dispensing & General Pharmacy	75	75	75	75	75	
Pharma.Inorganic & Analytical Chemistry	75	75	75	75	75	
Pharma.Org. Chem-I	100	100	75	75	75	
R.M/R.B	50	50	75	75	75	
Biochemistry	50	50	75	75	75	
Communicative skills in English	50	50	50	50	50	
Tutorials	125					

Signature of the Head of the Institution

Signature of the Inspectors

II B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Biostatistics & Comp. Appl.	75	75	75	75	75	
Pharm.Engineering	75	75	75	75	75	
Pharm.Org.Chem-II	75	75	75	75	75	
Human Anatomy & Physiology	100	100	75	75	75	
Pharm.Microbiology & Immunology	75	100	25	25	50	
Pharm.Jurisprudence	50	50	50	50	50	
Pharm. Administration	50	50	50	50	50	

III B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Cosmetic Technology	72	72	75	75	72	
Pharm. Instrumental Analysis	75	72	72	75	72	
Medical Chemistry-I	75	54	75	75	75	
Pharmacognosy-I	75	72	75	75	72	
Physical Pharmacy	54	54	75	72	72	
Environmental Sciences	72	72	0	0	72	

Signature of the Head of the Institution

Signature of the Inspectors

IV B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Pharm. Technology	75	75	75	75	75	
Pharm. Biotechnology	75	100	75	75	75	
Bio-Pharmaceutics	75	75	75	75	75	
Medical Chemistry-II	75	75	75	75	75	
Pharmacognosy-II	75	75	75	75	75	
Pharmacology-II	75	75	75	75	75	
Hospital & Clinical Pharmacy	50	50	0	0	50	

Signature of the Head of the Institution

Signature of the Inspectors

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

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

A.

Name of the Event	Year 2014-15	Year 2015-16	Year 2016-17
Guest Lectures	02	03	0
Seminars	01	02	0
Workshops	0	0	0
Symposia	0	0	0

B. Papers Presented / Published during last three years

	Year 2014		Year 2015		Year 2016	
	National	International	National	International	National	International
Published	--	--	--	--	--	--
Presented	--	--	--	--	--	--

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

Yes No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	30-11-16	06-12-16	16-02-17	21-02-17	--	--	
II B. Pharm	21-12-16	26-12-16	05-02-17	08-02-17	--	--	
III B. Pharm	30-12-16	02-01-17	27-02-17	30-02-17	--	--	
IV B. Pharm	28-11-16	01-12-16	18-01-17	21-01-17	30-03-17	01-04-17	

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

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B.Pharm	2.00	2.00	5.00	3.00	6.00	5.00	4.00	8.00	
II B.Pharm	0.00	0.00	5.00	5.00	4.00	4.00	0.00	0.00	
III B.Pharm	5.00	3.00	18.00	11.00	10.00	6.00	9.00	5.00	
IV B.Pharm	13.00	16.00	25.00	12.00	08.00	6.00	6.00	5.00	

12. Work load of Faculty members for B. Pharm

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Details	Year 2014-15	Year 2015-16	Year 2016-17
No. of Students Appeared		14	
No. of Students Qualified		02	
Percentage			

14. Whether the Institution has an Industry – Institution Interaction cell Yes

No

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	5
Industrial Tour	1
Industrial Training	1
No. of Resource Persons from the Industry for Guest Lectures	2
No. of Collaboration projects with Industry	

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

Year	Year 2014-15	Year 2015-16	Year 2016-17
No. of students appeared for campus interview	0	0	0
% Placed	0	0	0

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

 No

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF:

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

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

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
23	4	3

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

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1	1	1	1	1	1	1	1
Pharmaceutical Chemistry	1	1	2	1	3	1	4	1
Pharmaceutical Analysis	1	2	--	2	-	2	1	2
Pharmacology	1	2	2	2	3	1	4	1
Pharmacogonosy	1	1	2	0	3	1	3	4
Pharmaceutics	1	2	2	1	3	3	4	4
Total	6	9	9	7	13	9	17	13
Part time teaching Staff	3	3	-	1	-		.	
Remarks of the Inspection Team								

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

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

Professor: Asst. Professor: Lecturer

Signature of the Head of the Institution

Signature of the Inspectors

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	03	1	
	Asst. Professor	07	1	
	Lecturer	2	2	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	1	
	Asst. Professor	11	1	
	Lecturer	3	3	
Department of Pharmacology	Professor	2	1	
	Asst. Professor	1	1	
	Lecturer	2	2	
Department of Pharmacognosy	Professor	1	1	
	Asst. Professor	1	1	
	Lecturer	1	1	

5. Selection criteria and Recruitment Procedure for Faculty:

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

6. Details of Faculty Retention for:

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	Not Applicable
	Duration of 10 yrs. and above	Not Applicable
	Duration of 5 yrs. and above	Not Applicable
	Less than 5 yrs.	Not Applicable

7. Details of Faculty Turnover:

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
	% of faculty retained in last 3 yrs	YES	0	0	0

Signature of the Head of the Institution

Signature of the Inspectors

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

(Inspectors to verify documents pertaining to the above)

YES

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

(Inspectors to verify documents pertaining to the above)

YES

12. Scope for the promotion for faculty: Promotions

Yes

No

13. Gratuity Provided

Yes

No

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

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

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

Yes

Signature of the Head of the Institution

Signature of the Inspectors

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

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

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

**1. Financial Resource allocation and utilization for the past three years:
(Audited Accounts for previous year to be enclosed)**

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	
1	7300000	1774000	5526000	2600000	2100000	500000	5400000	4700000	700000	

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

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Chemicals	300000	300000	300000	Chemicals	500000	483692	Chemicals	650000	654712
	Glassware	50000	50000	50000	Glassware	200000	216450	Glassware	300000	295200

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

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Equipment	275000	275000	275000	Equipment	1000000	999000	Equipment	300000	300000

Signature of the Head of the Institution

Signature of the Inspectors

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

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	275000	275000	Books	410000	410000	Books	520000	520000	
2	Journals	30000	30000	Journals	45000	45000	Journals	47000	47000	

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

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

Department wise list of minimum equipments required for B. Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	15	YES	
2	Haemocytometer with Micropipettes	20	30	YES	
3	Sahli's haemocytometer	20	30	YES	
4	Hutchinson's spirometer	01	1	YES	
5	Spygmomanometer	05	5	YES	
6	Stethoscope	05	5	YES	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	1 1 1	YES YES YES	
8	Models for various organs	One model of each organ system	1	YES	
9	Specimen for various organs and systems	One model for each organ system	1	YES	
10	Skeleton and bones	One set of skeleton and one spare bone	1	YES	
11	Different Contraceptive Devices and Models	One set of each device	1	YES	
12	Muscle electrodes	01	3	YES	
13	Lucas moist chamber	01	1	YES	
14	Myographic lever	01	3	YES	
15	Stimulator	01	3	YES	
16	Centrifuge	01	1	YES	
17	Digital Balance	01	1	YES	
18	Physical /Chemical Balance	01	1	YES	
19	Sherrington's Kymograph Machine/ Polyrite	10	10	YES	

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

Apparatus:

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

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

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Signature of the Inspectors

DEPARTMENT OF PHARMACOGNOSY**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	15	Yes	
2	Digital Balance	02	1	Yes	
3	Autoclave	02	1	Yes	
4	Hot air oven	02	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	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	15	15	Yes	
13	Eye piece micrometer	15	15	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	15	15	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (Single and multi channeled)	02	02	Yes	
20	Micro Centrifuge	01	01	Yes	
21	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	01	Yes	
4	Soxhlet apparatus	10	10	Yes	
6	TLC chamber and sprayer	10	10	Yes	
7	Distillation unit	01	01	Yes	

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	02	Yes	
3	Refrigerator	01	01	Yes	
4	Analytical Balances for demonstration	05	10	Yes	
5	Digital balance 10mg sensitivity	10	10	Yes	
6	Digital Balance (1mg sensitivity)	01	02	Yes	
7	Suction pumps	06	06	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	05	Yes	
10	Magnetic Stirrers with Thermostat	10	10	Yes	
11	Vacuum Pump	01	01	Yes	
12	Digital pH meter	01	01	Yes	
13	Microwave Oven	02	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.

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Signature of the Inspectors

DEPARTMENT OF PHARMACEUTICS**Equipment:**

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	10	10	Yes	
2	Homogenizer	05	05	Yes	
3	Digital balance	05	05	Yes	
4	Microscopes	05	05	Yes	
5	Stage and eye piece micrometers	05	05	Yes	
6	Brookfield's viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	
9	Sieve shaker with sieve set	01	01	Yes	
10	Double cone blender	01	01	Yes	
11	Propeller type mechanical agitator	05	05	Yes	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 Sets	10 sets	Yes	
16	Tablet punching machine	01	01	Yes	
17	Capsule filling machine	01	01	Yes	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule filling and sealing machine	01	01	Yes	
20	Tablet disintegration test apparatus IP	01	01	Yes	
21	Tablet dissolution test apparatus IP	01	01	Yes	
22	Monsanto's hardness tester	01	01	Yes	
23	Pfizer type hardness tester	01	01	Yes	
24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	01	Yes	
26	Ointment filling machine	01	01	Yes	
27	Collapsible tube crimping machine	01	01	Yes	

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Signature of the Inspectors

28	Tablet coating pan	01	01	Yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	05 EACH 10	Yes	
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01	01	Yes	
32	Aseptic Cabinet	01	01	Yes	
33	BOD Incubator	02	02	Yes	
34	Bottle washing Machine	01	01	Yes	
35	Bottle Sealing Machine	01	01	Yes	
36	Bulk Density Apparatus	02	02	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	01	Yes	
39	Energy meter	02	01	Yes	
40	Hot Plate	02	02	Yes	
41	Humidity Control Oven	01	--	--	
42	Liquid Filling Machine	01	--	--	
43	Mechanical stirrer with speed regulator	02	02	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	Distillation Unit	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	30	Yes	
2	Stalagmometer	15	30	Yes	
3	Desiccator*	05	05	Yes	
4	Suppository moulds	20	20	Yes	
5	Buchner Funnels (Small, medium, large)	05 each	05 each	Yes	
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	05	Yes	
8	Andreason's Pipette	03	03	Yes	
9	Lipstick moulds	10	10	Yes	

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

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PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	Yes	
2	Lyophilizer (Desirable)	01		No	
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01	01	Yes	
5	Refrigerated Centrifuge	01	01	Yes	
6	Fermenters of different capacity (Desirable)	01		No	
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	01	Yes	
9	Diagnostic kits to identify infectious agents	01	01	Yes	
10	Rheometer	01	01	Yes	
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	01 each	Yes	
13	Sonicator	01	01	Yes	
14	Respinometer	01	01	Yes	
15	BOD Incubator	01	01	Yes	
16	Paper Electrophoresis Unit	01	01	Yes	
17	Micro Centrifuge	01	01	Yes	
18	Incubator water bath	01	01	Yes	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

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

Signature of the Head of the Institution

Signature of the Inspectors

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		No	
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01		No	
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01		No	
14	Biochemistry Analyzer (Desirable)	01		No	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01		No	
16	Deep Freezer (Desirable)	01		No	
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01		No	

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

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

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

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

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

Photograph

Date of Birth & Age

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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

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

Contd. on page 2

Permanent Residential

Address of employee : _____

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

STD Code

Phone No.

Phone & Fax Number with Code Office : _____

Residence : _____

E-mail address : _____

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

Details of the previous appointments/teaching experience

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

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

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

::3::

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 : _____