

**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)

To be filled up by P.C.I.

To be filled up by inspectors

(SIF-C)

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.  
(BLOCK LETTERS)

2.

**PART – I**

**A - GENERAL INFORMATION**

<p><b>A – I .1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail</p>	<p>Shri Guru Ram Rai Institute of Technology &amp; Science Post Box No. 80, Patel Nagar Dehradun - 248 001, Uttarakhand 0135 2721763, 2726457, 2726435 0135-2721762 info@sgrrits.org</p>
<p>Year of starting of the course</p>	<p align="center"><b>Diploma 2018 &amp; Degree 1997</b></p>
<p>Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p>Private (Registration document enclosed; <b><u>(Encl.- 1)</u></b>)</p>
<p><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:</p>	<p>Shri Guru Ram Rai Education Mission <b><u>(Encl.- 2)</u></b> Darbar Shri Guru Ram Rai Ji Maharaj, Jhanda Mohalla, Dehradun -248001 (Uttarakhand )  0135 2623635, 2624810 0135-2726698 <a href="mailto:info@sgrrits.org">info@sgrrits.org</a> <a href="http://www.sgrrmission.org">www.sgrrmission.org</a></p>
<p><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</p>	<p>Prof. (Dr.) Preeti Kothiyal Director cum Principal Department of Pharmaceutical Sciences, Shri Guru Ram Rai Institute of Technology &amp; Science, Shri Guru Ram Rai University, Patel Nagar, Dehradun -248001 0135  2721763 2726435  0135-2672548  07579031357  koti.preety@rediffmail.com</p>
<p><b>A – I .4</b> Name and Address of the Head of the Institution</p>	<p>Prof. (Dr.) Preeti Kothiyal Director cum Principal Department of Pharmaceutical Sciences, Shri Guru Ram Rai Institute of Technology &amp; Science, Shri Guru Ram Rai University, Patel Nagar, Dehradun -248001</p>
<p><b>A – I .4 a)</b> Whether the Jan Aushadhi Medical Store has been opened by your institution</p>	<p align="center">Yes / No✓ (Please tick (✓) the relevant portion)</p>

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**

**(Encl.- 3)**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
D. Pharm	2018-19	244748 (DD No.)	23-08-2017	
B. Pharm	2017-18	244135 (DD No.)	16-06-2017	

**b. APPROVAL STATUS**

**(Encl.- 4)**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspector
<b>B. Pharm</b>	2017-18	<b>Approval Letter No and Date</b>	32-220/2015-PCI/ (Feb 2015)	1456(1)GS/Edu./A4-52/2017 (20/07/2017)	SGRRU/Reg/Aug/31/2017	
		<b>Approved Intake</b>	60	60	60	
		<b>Actually Admitted</b>	60	60	60	
<b>D. Pharm</b>	Applied for	<b>Approval Letter No and Date</b>			SGRRU/Reg/Aug/38/2017	
		<b>Approved Intake</b>				
		<b>Actually Admitted</b>				

**c. STATUS OF APPLICATION**

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

**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**

**A – I. 6 a** Yes  No

Status of the Pharmacy Course:	
Independent Building	<input checked="" type="checkbox"/>
Wing of another college	<input checked="" type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>
Any Other, please specify	<input type="checkbox"/>

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

**For Diploma course:**

Address: Shri Guru Ram Rai University, Patel Nagar, Dehradun -248001

Telephone No. and STD Code:0135-2721763

**For Degree course:**

Address: Shri Guru Ram Rai University, Patel Nagar, Dehradun -248001

Telephone No. and STD Code:0135-2721763

Signature of the Head of the Institution

Signature of the Inspectors

**B - Details of the Institution**

<b>B -I.1</b>			<b>(Encl.- 5)</b>		
<b>Name of the Principal</b>					
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	M. Pharm	15 years, out of which 5 years as Prof. / HOD	24 yrs.	
	PhD	Ph.D	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**

<b>Course</b>	<b>Date of last Inspection</b>	<b>Remarks of the Previous Inspection Report</b>	<b>Complied / Not Complied</b>	<b>Intake reduced/Stopped in the last 03 years*</b>
<b>B. Pharm</b>	18-19 Feb. 2015	1. Staff cubicles to be made bigger. 2. Deficiency of equipments- Brookfield Viscometer, Bottle Washing machine, Permeability cup, Andreason pipette, Tissue culture station, Diagnostic kits & incinerator. 3. Effort to be made for proper lighting in Microbiology lab., HAPE lab and Pharmacognosy lab.	<b>Complied</b>	--

\* Enclose Documents **(Encl.- 6)****B -I.3**

<b>Status of Governing Council:</b>	<b>University</b>
<b>Details of the Governing Body</b>	<b>Enclosed (Encl.- 7)</b>
<b>Minutes of the last Governing council Meeting</b>	<b>Enclosed (Encl.- 8)</b>

**B -I.4****Pay Scales:**

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

**B -I.5****D. Pharm Course: Admission statement for the past three years -APPLIED FOR (New Course)-**

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

Signature of the Head of the Institution

Signature of the Inspectors

**B –I.6**

**Academic information: Percentage of D. Pharm results for the past three years:  
-APPLIED FOR (New Course)-**

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

**B –I.7**

**B. Pharm Course: Admission statement for the past three years**

ACADEMIC YEAR	Year 2015-16	Year 2016-17	Year 2017-18
<b>Sanctioned</b>	60	60	60
<b>No. of Admissions</b>	60	60	60
<b>Unfilled Seats</b>	NIL	NIL	NIL
<b>No. of Excess Admissions</b>	NO	NO	NO

**B –I.8**

**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
<b>1<sup>st</sup> year</b>	100 %	100 %	90 %
<b>2<sup>nd</sup> year</b>	100 %	100 %	85 %
<b>3<sup>rd</sup> year</b>	100 %	100 %	90 %
<b>Final year</b>	90 %	85 %	86 %
<b>Pass % (Final Year)</b>	90 %	85 %	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)	NA
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available
Sports Ground	Shared

Signature of the Head of the Institution

Signature of the Inspectors

**C - FINANCIAL STATUS OF THE INSTITUTION**

**Audited financial Statement of Institute should be furnished**

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

**C .2 Please provide following Information**

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	--	<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	76399085.00	1.	Building	666500.00	
3.	Library Fee	--	2.	Equipment	400000.00	
4.	Sports Fee	--	3.	Others	3361872.00	
5.	Union Fee	--	<b>REVENUE EXPENDITURE</b>			
6.	Others	14162225.00	1	Salary	48630867.00	
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	181709197.00
				ii	Others	400000.00
			3.	University Fee (If any)	300000.00	
			4.	Apex Bodies Fee	900000.00	
			5.	Government Fee	--	
			6.	Deposit held by the College		
	<b>Total</b>	90561310.00	7.	Others	15484874.00	
			8.	Misc.Expenditure	--	
			<b>Total</b>		251853310.00	

**Note: Enclose relevant documents**

**(Encl.- 9 & 10)**

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 3.5 acres  
 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 (Encl.- 11)**
- d. Building:  
 i) Approved Building plan, sale deed to be enclosed) : **Enclosed (Encl.- 12)**
- e. Total Built Area of the college building in Sq.mts : Built up Area 

6909 Sq. mtr.
---------------

  
 Amenities and Circulation Area 

1795 Sq. mtr.
---------------

**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		90 Sq. mts each	180 Sq. mts	
B. Pharm	04		90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	300 Sq. mts	

(\* 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		
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 *	03 & 225 Sq. mts 03 & 225 Sq. mts 01 & 93 Sq. mts 03 & 225 Sq. mts 02 & 150 Sq. mts 01 & 75 Sq. mts  13 & 993 Sq. mts	
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)	13 & 150 Sq. mts	
4	Area of the Machine Room	80-100 Sq.mts	110 Sq. mts	
5	Central Instrument Room	80 Sq.mts with A/ C	80 Sq.mts with A/ C	
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 (25 Sq.mts.)	

**\*No. of laboratories required 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	35 Sq.mts	
2	Office – I – Establishment	01	60 Sq. mts	01	300 Sq.mts	
3	Office – II – Academics			01	10 Sq.mts	
4	Confidential Room			01	23 Sq.mts	

**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 Sq.mts	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)	20	200 Sq.mts	

**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	170	
2	Library	01	150 Sq. mts	01	160	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	300 Sq.mts (365 seating capacity)	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	280 Sq.mts	

Signature of the Head of the Institution

Signature of the Inspectors

**7. Student Facilities:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	60 Sqmts	01	61 Sq. mts	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	61 Sq. mts	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	25 Sq.mts	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	25 Sq.mts	
5	Drinking Water facility – Water cooler (Essential).	01	-	02	20 Sq.mts	
6	Boy's Hostel (Desirable)	01	9 Sq mts/ Room Single occupancy	--	--	
7	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	6650 Sq.mts	
8	Power Backup Provision (Desirable)	01		02 Generator sets available		

**8. Computer and other Facilities:**

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	100 Sq.mts	
Computer (Latest configuration)	1 system for every 10 students (UG & PG)	55 (P-IV)	--	
Printers	1 printer for every 10 computers	06	--	
Multi Media Projector	01	02	--	
Generator (5KVA)	01	01 (125 KVA)	--	

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 of the Inspectors
		No.	Area in Sq. mts		
Principal's quarter	80 Sq. mts	--	--	√	
Staff quarters	16 x 80 Sq mts	--	--	√	
Canteen	100 Sq. mts	01	120 Sq.mts		
Parking Area for staff and students		Available			
Bank Extension Counter		Available			
Co operative Stores		--		√	
Guest House		-	-	√	
Auditorium		Available			
Seminar Hall		Available			
Transport Facilities for students		-		√	
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: **(Encl.- 13)**

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	1141	12320	
2	Annual addition of books		150 books per year	07	231	
3	Periodicals Hard copies / online		10 National 05 International periodicals	20 National (Hard copies), 62 International- Online (39 - Delnet & 23 Bentham)		
4	CDS		Adequate Nos	10	10	
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01		
7	Library Automation and Computerized System			Yes		
8	Library Timings			10.00 am - 5.00 pm		

Signature of the Head of the Institution

Signature of the Inspectors

**a. Subject wise Classification:**

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	106	1067	
2	Pharmaceutical Chemistry – I	100	2000	
3	Pharmacognosy	59	670	
4	Biochemistry and Clinical Pathology	94	1294	
5	Human Anatomy and Physiology	25	349	
6	Health Education and Community Pharmacy	275	3825	
7	Pharmaceutics – II	01	20	
8	Pharmaceutical Chemistry – II	60	772	
9	Pharmacology and Toxicology	38	476	
10	Pharmaceutical Jurisprudence	17	117	
11	Drug Store and Business Management	08	67	
12	Hospital and Clinical Pharmacy	139	935	
13	Miscellaneous	219	728	

**b. 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	30:1	
D.Pharm	60:1	30:1	

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

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

Commencement	Completion
06/08/18	15/06/19

**4. Vacation for B.PHARM:**                      **Summer:**     **No of Days**                      **30**                      **Winter:**     **No of Days**                      **15**

**5. Total No. of working days for B.PHARM:**     **205**

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

Commencement	Completion
06/08/18	15/06/19

**7. Vacation for D.PHARM:**                      **Summer:**     **No of Days**                      **30**                      **Winter:**     **No of Days**                      **15**

**8. Total Number of working days for D.PHARM**     **205**

**9. Time Table copy Enclosed (Tick √)    (Encl.-14)**

**a. B. Pharm course**                      **Yes**                          **No**   

**b. D.Pharm Course**                      **Yes**                          **No**   

**10. Whether the prescribed numbers of classes are being conducted as per university norms for B. PHARM**                      **(Encl.-15)**

**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:**

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:**

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:**

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**  
**--APPLIED FOR--**

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</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 (if any, as per university norms)**

Yes  No

**Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last year**

A.

Name of the Event	Year 2015	Year 2016	Year 2017
Guest Lectures	02	02	02
Seminars	01	01	01
Workshops	02	01	01
Symposia	01	01	00

Signature of the Head of the Institution

Signature of the Inspectors

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

	Year 2015		Year 2016		Year 2017	
	National	International	National	International	National	International
<b>Published</b>	04	12	03	15	03	13
<b>Presented</b>	06	02	10	02	05	01

**13. Whether Internal Assessments are conducted periodically as per university / Board 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	
<b>B.PHARM</b>							
B. Pharm I sem	26-09-16 to 30-09-16	19-09-16 to 24-09-16	25-11-16 to 30-11-16	15-11-16 to 24-11-16	-	-	
B. Pharm II sem	06-03-17 to 10-03-17	21-02-17 to 27-02-17	24-04-17 to 28-04-17	17-04-17 to 22-04-17			
B. Pharm III sem	26-09-16 to 30-09-16	19-09-16 to 24-09-16	25-11-16 to 30-11-16	15-11-16 to 24-11-16	-	-	
B. Pharm IV sem	06-03-17 to 11-03-17	21-02-17 to 27-02-17	24-04-17 to 29-04-17	17-04-17 to 22-04-17			
B. Pharm V sem	26-09-16 to 30-09-16	19-09-16 to 24-09-16	25-11-16 to 30-11-16	15-11-16 to 24-11-16	-	-	
B. Pharm VI sem	06-03-17 to 10-03-17	21-02-17 to 27-02-17	24-04-17 to 28-04-17	17-04-17 to 22-04-17			
B. Pharm VII sem	26-09-16 to 30-09-16	19-09-16 to 24-09-16	25-11-16 to 30-11-16	15-11-16 to 24-11-16	-	-	
B. Pharm VIII sem	06-03-17 to 10-03-17	21-02-17 to 27-02-17	24-04-17 to 28-04-17	17-04-17 to 22-04-17			
<b>D.PHARM -APPLIED FOR (New Course)-</b>							
I D. Pharm							
II D. Pharm							

**14. Whether Evaluation of the internal assessments is Fair** Yes  No

Class	No. of Candidates scored more than 80%		No. of Candidates scored more than 60 - 80%		No. of Candidates scored more than 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
<b>I B.Pharm</b>	15	20	25	21	12	13	04	02	
<b>II B.Pharm</b>	16	23	25	22	16	14	05	03	
<b>III B.Pharm</b>	15	20	25	24	15	12	04	03	
<b>IV B.Pharm</b>	12	17	21	23	16	10	03	02	

**15. Whether Evaluation of the internal assessments is Fair** Yes  No

**-APPLIED FOR (New Course)-**

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	
<b>I D.Pharm</b>									
<b>II D.Pharm</b>									

Signature of the Head of the Institution

Signature of the Inspectors

**16. Work load of Faculty members for D. Pharm and B. Pharm (Encl.-16)**

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

**17. Work load of Faculty members for B. Pharm (Encl.-17)**

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		

**18. Workload of Faculty members for D. Pharm (Encl.-18)**

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		

**19. Percentage of students qualified in GATE in the last Three Years**

Details	Year 2015	Year 2016	Year 2017
No. of Students Appeared	12	10	08
No. of Students Qualified	02	02	00
Percentage	16.66 %	20%	00

20. Whether the Institution has an Industry – Institution Interaction cell For B. Pharm Yes  No

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	02
Industrial Tour	All students of B. Pharm. VII <sup>th</sup> sem. gone for industrial tour.
Industrial Training	01
No. of Resource Persons from the Industry for Guest Lectures	04
No. of Collaboration projects with Industry	-

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

Year	Year 2015	Year 2016	Year 2017
No. of students appeared for campus interview	30	40	40
% Placed	40 %	43 %	50 %

22. Whether Professional Society Activities are Conducted (Enclose Details) (ISTE, IPA, APTI, ICTA and Related Societies) (Encl.-19)

Yes  No

Signature of the Head of the Institution

Signature of the Inspectors

**PART IV - PERSONNEL**

**TEACHING STAFF.**

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

**(Encl.-20)**

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: **(Encl.-21)**

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: **(Encl.-22)**

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	
			24+01(Pharm. D (PB))+ 3(Identified)= 28		16		<b>Part Time</b>
							07

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

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of the Inspectors of inspection team
Department of Pharmaceutics	Professor	1	01	
	Asst. Professor	1	04	
	Lecturer	4	-	
Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis)	Professor	1	01	
	Asst. Professor	1	05	
	Lecturer	4	-	
Department of Pharmacology	Professor	1	02	
	Asst. Professor	1	04	
	Lecturer	3	-	
Department of Pharmacognosy	Professor	1	-	
	Asst. Professor	1	03	
	Lecturer	2	-	

Signature of the Head of the Institution

Signature of the Inspectors



**6. Teaching Staff required year wise exclusively for B. Pharm for intake of 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	01
Pharmaceutical Chemistry	1		2		3		4	05
Pharmaceutical Analysis	1		..		-		1	01
Pharmacology	1		2		3		4	06
Pharmacognosy	1		2		3		3	03
Pharmaceutics	1		2		3		4	05
<b>Total</b>	<b>6</b>		<b>9</b>		<b>13</b>		<b>17</b>	<b>20</b>
<b>Part time teaching Staff</b>	<b>3</b>		<b>-</b>		<b>-</b>		<b>-</b>	<b>07</b>
<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:**

a.	<b>Whether Recruitment Committee has been formed</b>	Yes√ / No
b.	<b>Whether Advertisement for vacancy is notified in the Newspapers</b>	Yes√ / No
c.	<b>Whether Demonstration Lecture has been conducted</b>	Yes√ / No
d.	<b>Whether opinion of Recruitment Committee Recorded</b>	Yes√ / No

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

Name of Faculty Member	Period	Percentage
NIL	<b>Duration of 15 yrs. And above</b>	-
Dr. Manish Mishra, Dr. G. Gnanarajan, Dr. Ganesh Kumar, Dr. Praveen Kumar, Dr. Meenu	<b>Duration of 10 yrs. And above</b>	20 %
Prof. (Dr.) Preeti Kothiyal, Dr. Alka N. Choudhary, Dr. Arun Kumar, Dr. Yogendr Bahuguna, Dr. Meenakshi Bhatt, Dr. Chandra Shekhar Tailor, Dr. Neeraj Kumar, Dr. Ashutosh Badola, Dr. Archana Gahtori, Dr. Parminder Ratan	<b>Duration of 5 yrs. And above</b>	40 %
Mr. Sayantan Mukopadhyay, Mrs. Reenoo Jauhari, Dr. Devesh Kumar Joshi, Mrs. Bhawana Bhatt, Mr. Yogesh Joshi, Mr. Pranshu Tangri, Mrs. Arti Sati, Mr. Sudhkar Kaushik, Dr. Prashant mathur	<b>Less than 5 yrs.</b>	40%

**9. Details of Faculty Turnover**

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
------------------------	--------	---------------	-----	-----	---------------

Signature of the Head of the Institution

Signature of the Inspectors

Prof. (Dr.) Preeti Kothiyal Dr. Ganesh Kumar Dr. Alka N. Choudhary Dr. Arun Kumar Dr. Manish Mishra Dr. G Gnanarajan Dr. Praveen Kumar Dr. Meenu Dr. Yogendr Bahuguna Dr. Meenakshi Bhatt Dr. Chandra Shekhar Tailor Dr. Neeraj Kumar Dr. Ashutosh Badola Dr. Archana Gahtori Dr. Parminder Ratan	<b>% of faculty retained in last 3 yrs</b>	✓			
--	--	---	--	--	--

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

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	06	D. Pharm/ B. Sc./ MLT, DMLT	
2	Laboratory Assistants/ Attenders	1 for each Lab (minimum)	SSLC	07	B. Sc.	
3	Office Superintendent	1	Degree	01	M. A.	
4	Accountant	1	Degree	01	M. Com.	
5	Store keeper	1	D. Pharm/ Degree	02	ITI, B.A./ B.A., DSM ITI-Steno	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	B.C.A.	
7	First Division Assistant	1	Degree	01	M.A., M.B.A., B.Ed	
8	Second Division Assistant	2	Degree	02	M.A./B. Com.	
9.	Peon	2	SSLC	03	SSLC	
10	Cleaning	Adequate	---	Adequate	---	
11	Gardener	Adequate	---	Adequate	---	

Signature of the Head of the Institution

Signature of the Inspectors

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

**(Encl.-23)**

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?**

**(Encl.-24)**

(Inspectors to verify documents pertaining to the above)

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

**(Encl.-25)**

(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) :**

**(Encl.-26)**

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. Yes / No**

Signature of the Head of the Institution

Signature of the Inspectors

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

<b>Sl. No</b>	<b>Records</b>	<b>Yes</b>	<b>No</b>	<b>Remarks of the Inspectors</b>
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)

----- **(Encl.-10)** -----

Sl No.	Expenditure in Rs. (2014-2015)			Expenditure in Rs. (2015-2016)			Expenditure in Rs. (2016-2017)			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Recurring	
	19000000	18066073	933927	18000000	19270516	11424085	20000000	17951655	4028372	

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

----- **(Encl.-27)** -----

Sl No.	Expenditure in Rs. (2014-2015)			Expenditure in Rs. (2015-2016)			Expenditure in Rs. (2016-2017)			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	<b>Chemicals</b>	300000	250312	<b>Chemicals</b>	250000	199183	<b>Chemicals</b>	200000	210285	
	<b>Glassware</b>	100000	109771	<b>Glassware</b>	250000	173286	<b>Glassware</b>	100000	-	

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

(Enclose purchase invoice)

----- **(Encl.-28)** -----

Sl No.	Expenditure in Rs. (2014-2015)			Expenditure in Rs. (2015-2016)			Expenditure in Rs. (2016-2017)			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	<b>Equipment</b>	500000	0	<b>Equipment</b>	500000	463646	<b>Equipment</b>	400000	400000	

Signature of the Head of the Institution

Signature of the Inspectors

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

----- (Encl.- 29) -----

Sl No.	Expenditure in Rs. (2014-2015)			Expenditure in Rs. (2015-2016)			Expenditure in Rs (2016-2017)			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	300000	163979	Books	250000	400660	Books	800000	813388	
2	Journals	200000	72425	Journals	250000	577743	Journals	200000	201470	

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART VII – EQUIPMENT AND APPARATUS**

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

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

**PHARMACEUTICS**

**Equipment:**

<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	

Signature of the Head of the Institution

Signature of the Inspectors

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	02	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.**

Signature of the Head of the Institution

Signature of the Inspectors



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

Sl.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	20	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	

Signature of the Head of the Institution

Signature of the Inspectors

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.**

### 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:

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

Signature of the Head of the Institution

Signature of the Inspectors

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

**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.

Signature of the Head of the Institution

Signature of the Inspectors

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

**DEPARTMENT OF PHARMACOLOGY**

**Equipment:**

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

Signature of the Head of the Institution

Signature of the Inspectors

22	Aerators*	10	10	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	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 Nos	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	Levers, cannulae*	20	20	Yes	

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

#### DEPARTMENT OF PHARMACOGNOSY

#### Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	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	

Signature of the Head of the Institution

Signature of the Inspectors

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	

Signature of the Head of the Institution

Signature of the Inspectors

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	Yes	
2	Digital balance (10 mg sensitivity)	05	05	Yes	
3	Microscopes	05	05	Yes	
4	Stage and eye piece micrometers	05	05	Yes	
5	Brookfield's viscometer	01	01	Yes	
6	Ball mill*	01	01	Yes	
7	Sieve shaker with sieve set*	01	01	Yes	
8	Double cone blender	01	01	Yes	
9	Propeller type mechanical agitator	05	05	Yes	
10	Autoclave*	01	01	Yes	
11	Steam distillation still	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

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

Signature of the Head of the Institution

Signature of the Inspectors



**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	15	Yes	
2	Stalagmometer	15	15	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.**

**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	-	-	
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	-	-	
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	

Signature of the Head of the Institution

Signature of the Inspectors

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.**

**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	01	Yes	
11	HPLC	01	01	Yes	
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	01	Yes	
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

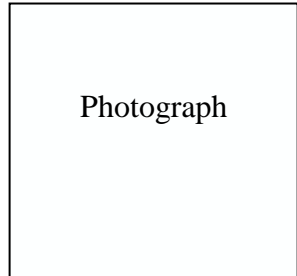
# **PHARMACY COUNCIL OF INDIA**

## **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.



Date of Birth & Age .....

<b>Qualification</b>	<b>College &amp; University</b>	<b>Year</b>	<b>Registration No. with State Pharmacy</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.

3) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

	<b>Amount Received</b>	<b>TDS</b>
April, 2016		
May, 2016		
June, 2016		
July, 2016		
August, 2016		
September, 2016		
October, 2016		
November, 2016		
December, 2016		
January, 2017		
February, 2017		
March, 2017		

(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 :













