

# PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B.Pharm and D. Pharm  
(To be filled and submitted to PCI by an organization seeking approval of the course /  
Continuation of the approval)

(SIF-C)

To be filled up by P.C.I.

Inspection No. :

FILE No. :

To be filled up by inspectors

Date of Inspection:

NAME OF THE INSPECTORS: 1.

(BLOCK LETTERS) 2.

PART – I

## A - GENERAL INFORMATION

|   |   |
|---|---|
| <b>A – I.1</b>  |   |
| Name of the Institution:  | Shree Goraksha College of Pharmacy and Research Center (D. Pharmacy & B. Pharmacy)                        |
| Complete Postal address:  | At Post Khamgaon, Tq. Phulambri, Dist. Aurangabad, Pin 431151   |
| STD code / Telephone No.  | 02431- 2217217/ 9422208585 / 9049008585   |
| Fax No.   |   |
| E-mail  | <a href="mailto:sgcphamgaon@gmail.com">sgcphamgaon@gmail.com</a>  |
| Year of starting of the course  | Diploma 2018-19 & Degree 2018-19  |
| Status of the course conducting body:<br>Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust) | <b>Private (Annexure I)</b>   |
| <b>A – I.2</b>  |   |
| Name, address of the Society/Trust/ Management (attach documentary evidence)<br>STD Code  | Shree Goraksha Shaikshanik Bahuddeshiy Sanstha, At Post Khamgaon, Tq. Phulambri, Dist. Aurangabad, 431151 |
| Telephone No:   | 02431- 2217217/ 9422208585 / 9049008585   |
| Fax No:   |   |
| E-mail  | shrigorakshasbb@gmail.com   |
| Web Site:   |   |
| <b>A – I.3</b>  |   |
| Name, Designation and Address of person to be contacted by phone  | Shri. Mohan S. Sonawane   |
| STD Code Telephone No Office  | 02431- 2217217/ 9422208585 / 9049008585   |
| Residence   |   |
| Mobile No.  |   |
| Fax No  |   |
| Email   | mohanpatilsonawane@gmail.com  |
| <b>A-I. 4</b>   |   |
| Name and Address of the Head of the Institution   | <b>Mr. Ganorkar P. V.</b><br>Khamgaon, Tq. Phulambri, Dist. Aurangabad                                    |
| <b>A-I. 4 a)</b><br>Whether the Jan Aushadhi Medical Store has been opened by your institution  | Yes / No <input type="checkbox"/><br>(Please tick (X) the relevant portion)                               |

Signature of the Head of the Institution

Signature of the Inspectors



**A-I.5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**a. DETAILS OF AFFILIATION FEE PAID**

| Name of the Course | Affiliation Fee paid up to | Receipt No.   | Dated | Remarks of the Inspectors |
|--------------------|----------------------------|---------------|-------|---------------------------|
| D.Pharm            | New Institute              | New Institute |       |                           |
| B. Pharm           |                            |               |       |                           |

**b. APPROVAL STATUS**

| Name of the Course | Approved up to | Intake Approved and Admitted | PCI | STATE GOVT | UNIVERSITY | Remarks of the Inspectors |
|--------------------|----------------|------------------------------|-----|------------|------------|---------------------------|
| B. Pharm           |                | Approval Letter No and Date  | NA  | NA         | NA         | New Institute             |
|                    |                | Approved Intake              |     |            |            |                           |
|                    |                | Actually Admitted            |     |            |            |                           |
| D. Pharm           |                | Approval Letter No and Date  | NA  | NA         | _____      | New Institute             |
|                    |                | Approved Intake              |     |            | _____      |                           |
|                    |                | Actually Admitted            |     |            | _____      |                           |

**c. STATUS OF APPLICATION**

| Course   | Extension of Approval |    | Increase in Intake of Seats |    | Remarks        |                             |
|----------|-----------------------|----|-----------------------------|----|----------------|-----------------------------|
|          |                       |    |                             |    | Current Intake | Proposed increase in Intake |
| D. Pharm | Yes                   | No | Yes                         | No | New Institute  | -                           |
| 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

Yes

No

**A - I. 6 a**

| Status of the Pharmacy Course: |                                     |
|--------------------------------|-------------------------------------|
| Independent Building           | <input checked="" type="checkbox"/> |
| Wing of another college        | <input type="checkbox"/>            |
| Separate Campus                | <input type="checkbox"/>            |
| Multi Institutional Campus     | <input type="checkbox"/>            |

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

**For Diploma course**  
**MSBTE**  
49, Ali Yawar Jung Marg,  
Sadguru Colony, Kherwadi,  
Bandra East, Mumbai,  
Maharashtra 400051  
Phone:022 2647 8531

**For Degree course**  
**Dr. Babasaheb Ambedkar**  
**Marathwada University,** University  
Campus, Near Soneri Mahal,  
Jaisingpura, Aurangabad,  
Maharashtra 431004 Phone 0240  
240 0431

Signature of the Head of the Institution

Signature of the Inspectors

**B - Details of the Institution**

**B -1.1**

Name of the Principal

| Qualification/<br>Experience | Qualification* |  | Teaching Experience<br>Required                                 | Actual<br>experience | Remarks of the<br>Inspectors |
|------------------------------|----------------|--|---|----------------------|------------------------------|
|                              | M. Pharm       |  | 15 years, out of which 5<br>years as Prof. / HOD                | NA                   |                              |
|                              | PhD            |  | 10<br>years, out of which at<br>least 05 years as Asst.<br>Prof |                      |                              |

\* Documentary evidence should be provided

**B -1.2**

For institution seeking continuation of affiliation

| Course   | Date of last<br>Inspection | Remarks of the<br>Previous<br>Inspection<br>Report | Complied<br>/ Not Complied | Intake<br>reduced/Stopped in<br>the<br>last 03 years* |
|----------|----------------------------|--|----------------------------|---|
| B. Pharm | New Institute              |  |                            |   |

\* Enclose Documents

**B -1.3**

|   |   |
|---|---|
| Status of Governing Council:                  | Government/Trust/Society/Individual/University  |
| Details of the Governing Body                 | <input checked="" type="checkbox"/> Enclosed / <input type="checkbox"/> Not Enclosed<br>(Annexure II) |
| Minutes of the last Governing council Meeting | <input checked="" type="checkbox"/> Enclosed / <input type="checkbox"/> Not Enclosed<br>(Annexure)    |

**B -1.4 Pay**

Scales:

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

**B -1.5**

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

| ACADEMIC YEAR            | Year 200- | Year 200- | Year 200- |
|--------------------------|-----------|-----------|-----------|
| Sanctioned               | NA        | NA        | NA        |
| No. of Admissions        |           |           |           |
| Unfilled Seats           |           |           |           |
| No. of Excess Admissions |           |           |           |

**B -1.6**

Academic information: Percentage  
of

D. Pharm results for the past three years:

| ACADEMIC<br>YEAR | Year 200- | Year 200- | Year 200- |
|------------------|-----------|-----------|-----------|
| D. Pharm         | NA        |           |           |

Signature of the Head of the Institution

Signature of the Inspectors

B -I.7

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

| ACADEMIC YEAR            | Year 200- | Year 200- | Year 200- |
|--------------------------|-----------|-----------|-----------|
| Sanctioned               | NA        | NA        | NA        |
| No. of Admissions        |           |           |           |
| Unfilled Seats           |           |           |           |
| No. of Excess Admissions |           |           |           |

B -I.8

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

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

B - II

Co - Curricular Activities / Sports Activities

|  |  |
|--|--|
| Whether college has NSS Unit (Yes/No)?<br>If no give reasons   | NA   |
| NSS Programme Officer's Name   | -  |
| Programme conducted (mention details)  | -  |
| Whether students participating in University level<br>cultural activities / Co- curricular/sports activities | Yes/No<br>New Institute  |
| Physical Instructor  | <input checked="" type="checkbox"/> Available / <del>Not available</del> |
| Sports Ground  | <input checked="" type="checkbox"/> Individual / <del>Shared</del>       |

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<br>a. Government<br>b. Others |        | <b>CAPITAL EXPENDITURE</b> |                                |        |                           |
| 2.           | Tuition Fee                          |        | 1.                         | Building                       |        |                           |
| 3.           | Library Fee                          |        | 2.                         | Equipment                      |        |                           |
| 4.           | Sports Fee                           |        | 3.                         | Others                         |        |                           |
| 5.           | Union Fee                            |        | <b>REVENUE EXPENDITURE</b> |                                |        |                           |
| 6.           | Others                               |        | 1                          | Salary                         |        |                           |
|              |                                      |        | 2.                         | <b>MAINTENANCE EXPENDITURE</b> |        |                           |
|              |                                      |        |                            | i   College                    |        |                           |
|              |                                      |        |                            | ii   Others                    |        |                           |
|              |                                      |        | 3.                         | University Fee (If any)        |        |                           |
|              |                                      |        | 4.                         | Apex Bodies Fee                |        |                           |
|              |                                      |        | 5.                         | Government Fee                 |        |                           |
|              |                                      |        | 6.                         | Deposit held by the College    |        |                           |
|              |                                      |        | 7.                         | Others                         |        |                           |
|              |                                      |        | 8.                         | Misc. Expenditure              |        |                           |
|              |                                      |        | Total                      |                                |        |                           |
| <b>Total</b> |                                      |        |                            |                                |        |                           |

Note: Enclose relevant documents

Audit Report of Trust last 3 Years are attached here with as **Annexure III** -

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/  Not Available  
 a) 2.5 acres District HQ/Corporation/Municipality limit 4 Acres (Annexure IV)  
 b) 0.5 acre for City / Metros

b. Building<sup>†</sup> :  Own/  Rented/ Leased

c. Land Details to be in the name of Trust and Society

i) Own – Records to be enclosed

Sale deed :  Enclosed/  Not available

d. Building:

Enclosed/  Not available

i) Approved Building plan, sale deed to be enclosed) :

(Annexure V)

e. Total Built Area of the college building in Sq.mts

: Built up Area

|                 |
|-----------------|
| 7473.15 Sq. Mt. |
|-----------------|

Amenities and Circulation Area

|                 |
|-----------------|
| 1886.48 Sq. Mt. |
|-----------------|

### 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 |
|----------|----------|-------------------|--|---------------------------|---------------|---------------------------|
|          |          |                   |  | No.                       | Area          |                           |
| D. Pharm | 02       | 02                | 90 Sq. mts each  | 02                        | 75.22 Sq. Mt. |                           |
| B. Pharm | 04       | 08                | 90 Sq. mts each (Desirable)<br>75 Sq. mts each (Essential) | 08                        | 75.22 Sq. Mt. |                           |

(\* 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<br>(10 Labs)<br>Laboratory area for D. Pharm Course<br>(03 Labs)  | 90 Sq .mts x n (n=10) - Including Preparation room - Desirable<br>75 Sq. mts - Essential  | 15                                     | 75.22   |                     |
| 2       | Pharmaceutics<br>Pharmaceutical Chemistry<br>Pharmaceutical Analysis<br>Pharmacology<br>Pharmacognosy<br>Pharmaceutical Biotechnology (Including Aseptic Room)<br>Total no. Laboratories for B.Pharm and D.Pharm Course | 03 Laboratories<br>03 Laboratories<br>01 Laboratory<br>03 Laboratories<br>02 Laboratories<br>01 Laboratory<br>13 Laboratories * | 03<br>03<br>01<br>03<br>02<br>01<br>02 | 75.22<br>75.22<br>75.22<br>75.22<br>75.22<br>75.22<br>75.22 |                     |
| 3       | Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)  | 10 sq mts<br>(Minimum)  | 15                                     | 10.00   |                     |
| 4       | Area of the Machine Room  | 80-100 Sq.mts   | 01                                     | 101.10  |                     |



|   |  |                     |    |        |  |
|---|--|---------------------|----|--------|--|
| 5 | Central Instrument Room                        | 80 Sq.mts with A/ C | 01 | 81.44  |  |
| 6 | Store Room – I                                 | 1 (Area 100 Sq mts) | 01 | 121.22 |  |
| 7 | Store Room – II<br>(For Inflammable chemicals) | 1 (Area 20 Sq mts)  | 01 | 29.92  |  |

**\*No. of laboratories required for for both D. Pharm and B. Pharm**

Signature of the Head of the Institution

Signature of the Inspectors

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

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

**4. Administration Area:**

| Sl.No. | Name of infrastructure     | Requirement as per Norms in number | Requirement as per Norms, in area | Available |                | Remarks/ Deficiency |
|--------|----------------------------|------------------------------------|-----------------------------------|-----------|----------------|---------------------|
|        |                            |                                    |                                   | No.       | Area in Sq.mts |                     |
| 1      | Principal's Chamber        | 01                                 | 30 Sq.mts                         | 01        | 36.63          |                     |
| 2      | Office – I – Establishment | 01                                 | 60 Sq. mts                        | 01        | 152.40         |                     |
| 3      | Office – II – Academics    |                                    |                                   |           |                |                     |
| 4      | Confidential Room          |                                    |                                   |           |                |                     |

**5. Staff Facilities:**

| Sl No. | Name of infrastructure                     | Requirement as per Norms in number | Requirement as per Norms in area | Available |                | Remarks/ Deficiency |
|--------|--|------------------------------------|----------------------------------|-----------|----------------|---------------------|
|        |  |                                    |                                  | No.       | Area in Sq.mts |                     |
| 1      | HODs for B.Pharm Course                    | Minimum 4                          | 20 Sq mts x 4                    | 6         | 65.04          |                     |
| 2      | Faculty Rooms for D.Pharm & B.Pharm course |                                    | 10 Sq mts x n (n=No of teachers) | 12        | 91.01          |                     |

**6. Museum, Library, Animal House and other Facilities:**

| Sl No. | Name of infrastructure                      | Requirement as per Norms in number | Requirement as per Norms in area                      | Available |                        | Remarks/ Deficiency |
|--------|---|------------------------------------|---|-----------|------------------------|---------------------|
|        |   |                                    |   | No.       | Area in Sq. mts        |                     |
| 1      | Animal House                                | 01                                 | 80 Sq. mts  | 01        | 80                     |                     |
| 2      | Library                                     | 01                                 | 150 Sq. mts   | 01        | 152.40                 |                     |
| 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        | 377.64                 |                     |
| 5      | Herbal Garden (Desirable)                   | 01                                 | Adequate Number of Medicinal Plants                   | 01        | Adequate No. of Plants |                     |

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        | 75.22           |                     |
| 2       | Boy's Common Room (Essential)                       | 01                                 | 60 Sq.mts   | 01        | 75.22           |                     |
| 3       | Toilet Blocks for Boys                              | 01                                 | 24 Sq.mts   | 01        | 101.4           |                     |
| 4       | Toilet Blocks for Girls                             | 01                                 | 24 Sq.mts   | 01        | 101.4           |                     |
| 5       | Drinking Water facility – Water cooler (Essential). | 01                                 | -   | 01        |                 |                     |
| 6       | Boy's Hostel (Desirable)                            | 01                                 | 9 Sq mts/ Room Single occupancy   | 01        | 12.18           |                     |
| 7       | Girl's Hostel (Desirable)                           | 01                                 | 9 Sq mts / Room (single occupancy)<br>20 Sq mts / Room (triple occupancy) | 01        | 12.18           |                     |
| 8       | Power Backup Provision (Desirable)                  | 01                                 | Yes   | 01        |                 | 15 KVA              |

### 8. Computer and other Facilities:

| Name                             | Required                                 | Available |                 | Remarks of the Inspectors |
|----------------------------------|--|-----------|-----------------|---------------------------|
|                                  |  | No.       | Area in Sq. mts |                           |
| Computer Room for B.Pharm Course | 01<br>(Area 75 Sq mts)                   | 20        | 75.22           | <b>(Annexure VI)</b>      |
| Computer (Latest configuration)  | 1 system for every 10 students (UG & PG) | 20        |                 |                           |
| Printers                         | 1 printer for every 10 computers         | 02        |                 |                           |
| Multi Media Projector            | 01                                       | 01        |                 |                           |
| Generator (5KVA)                 | 01                                       | 01        |                 |                           |

Signature of the Head of the Institution

Signature of the Inspectors

### 9. Amenities (Desirable)

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

### 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: Attached as on **Annexure VII**

| 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 | 203       | 2250           |                           |
| 2       | Annual addition of books                                   |             | 150 books per year  | 15        | 150            |                           |
| 3       | Periodicals<br>Hard copies / online                        |             | 10 National<br>05 International periodicals   | 05        | 15             |                           |
| 4       | CDS  |             | Adequate Nos  | Adequate  |                |                           |
| 5       | Internet Browsing Facility                                 |             | Yes/No<br>(Minimum ten Computers)   | Yes       | 20 comp.       |                           |
| 6       | Reprographic Facilities:<br>Photo Copier<br>Fax<br>Scanner |             | 01<br>01<br>01  |           | 01<br>01<br>01 |                           |
| 7       | Library Automation and Computerized System                 |             |   |           |                |                           |
| 8       | Library Timings : <b>9 to 4 PM</b>                         |             |   |           |                |                           |

Signature of the Head of the Institution

Signature of the Inspectors

**10.B. Subject wise Classification:**

| Sl. No | Subject                                 | Available |         | Remarks of the Inspectors                                     |
|--------|---|-----------|---------|---|
|        |   | Titles    | Numbers |   |
| 1      | Pharmaceutics – I                       | 10        | 110     | Order Placed<br>Quotation Are attached<br><b>Annexure VII</b> |
| 2      | Pharmaceutical Chemistry – I            | 10        | 115     |   |
| 3      | Pharmacognosy                           | 10        | 135     |   |
| 4      | Biochemistry and Clinical Pathology     | 10        | 120     |   |
| 5      | Human Anatomy and Physiology            | 10        | 141     |   |
| 6      | Health Education and Community Pharmacy | 10        | 100     |   |
| 7      | Pharmaceutics – II                      | 10        | 145     |   |
| 8      | Pharmaceutical Chemistry – II           | 10        | 120     |   |
| 9      | Pharmacology and Toxicology             | 10        | 100     |   |
| 10     | Pharmaceutical Jurisprudence            | 10        | 100     |   |
| 11     | Drug Store and Business Management      | 10        | 100     |   |
| 12     | Hospital and Clinical Pharmacy          | 10        | 150     |   |

**10.C. Library Staff: Attached Affidavit (Annexure VIII)**

|   | Staff               | Qualification | Required | Available | Remarks of the Inspectors |
|---|---------------------|---------------|----------|-----------|---------------------------|
| 1 | Librarian           | M. Lib        | 1        |           | <b>Annexure</b> Attached  |
| 2 | Assistant Librarian | D. Lib        | 1        |           |                           |
| 3 | Library Attenders   | 10 +2 / PUC   | 2        |           |                           |

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 | New Institute |            |                           |
| D.Pharm |               |            |                           |

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

Annual

Semester

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

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

**4. Vacation for B.PHARM:**

Summer:

No of Days

Winter:

No of Days

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

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

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

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

Summer:

No of Days

Winter:

No of Days

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

**9. Time Table copy Enclosed:**

(Tick ✓)

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**

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<br>No. of classes x hours per class |                           |
| 1       | 2                    | 3                     | 4                      | 5                     |  |                           |
| NA      |                      |                       |                        |                       |  |                           |

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<br>No. of classes x hours per class |                           |
| 1       | 2                    | 3                     | 4                      | 5                     |  |                           |
| NA      |                      |                       |                        |                       |  |                           |

**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<br>No. of classes x hours per class |                           |
| 1       | 2                    | 3                     | 4                      | 5                     |  |                           |
| NA      |                      |                       |                        |                       |  |                           |

**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<br>No. of classes x hours per class |                           |
| 1       | 2                    | 3                     | 4                      | 5                     |  |                           |
| NA      |                      |                       |                        |                       |  |                           |

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Signature of the Inspectors



**11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PHARM**

| 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                     | New Institute         | 100                    | New Institute         | 25                           | New Institute                                   |                          |
| 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                     | New Institute         | 100                    | New Institute         | 25                           | New Institute                                   |                          |
| 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                           |   |                          |

As the college will commenced in A. Y. 2018-19 No Academic Details are provided

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

Yes  No

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

A.

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

Signature of the Head of the Institution

Signature of the Inspectors

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

|           | Year 200- |               | Year 200- |               | Year 200- |               |
|-----------|-----------|---------------|-----------|---------------|-----------|---------------|
|           | National  | International | National  | International | National  | International |
| Published | NA        |               |           |               |           |               |
| Presented |           |               |           |               |           |               |

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

Yes  No

| Class          | I Sessional Dates<br>DD/MM/YY |            | II Sessional Dates<br>DD/MM/YY |            | III Sessional Dates<br>DD/MM/YY |            | Remarks of the Inspectors |
|----------------|-------------------------------|------------|--------------------------------|------------|---------------------------------|------------|---------------------------|
|                | Theory                        | Practicals | Theory                         | Practicals | Theory                          | Practicals |                           |
| <b>B.PHARM</b> |                               |            |                                |            |                                 |            |                           |
| I B. Pharm     | NA                            |            |                                |            |                                 |            |                           |
| II B. Pharm    |                               |            |                                |            |                                 |            |                           |
| III B. Pharm   |                               |            |                                |            |                                 |            |                           |
| IV B. Pharm    |                               |            |                                |            |                                 |            |                           |
| <b>D.PHARM</b> |                               |            |                                |            |                                 |            |                           |
| I D. Pharm     | NA                            |            |                                |            |                                 |            |                           |
| II D. Pharm    |                               |            |                                |            |                                 |            |                           |

**15. 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 |                           |
| I B. Pharm   | NA                                     |    |   |    |   |    |                                 |    |                           |
| II B. Pharm  |  |    |   |    |   |    |                                 |    |                           |
| III B. Pharm |  |    |   |    |   |    |                                 |    |                           |
| IV B. Pharm  |  |    |   |    |   |    |                                 |    |                           |

**16. 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 |                           |
| I D. Pharm  |  |    |   |    |   |    |                                 |    |                           |
| II D. Pharm |  |    |   |    |   |    |                                 |    |                           |

**17. Work load of Faculty members for D. Pharm and B. Pharm**

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

Signature of the Head of the Institution

Signature of the Inspectors

**18. Work load of Faculty members for B. Pharm**

| 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 |                 |                          |
| NA     |                     |                 |          |    |    |    |     |    |    |    |                 |                          |

**19. Workload of Faculty members for D. Pharm**

| 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 |                 |                          |
| New Institute |                     |                 |          |    |          |    |                 |                          |

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

| Details                   | Year 200- | Year 200- | Year 200- |
|---------------------------|-----------|-----------|-----------|
| No. of Students Appeared  | NA        |           |           |
| No. of Students Qualified |           |           |           |
| Percentage                |           |           |           |

21. 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                                     | NA                            |
| Industrial Tour  |                               |
| Industrial Training  |                               |
| No. of Resource Persons from the Industry for Guest Lectures |                               |
| No. of Collaboration projects with Industry                  |                               |

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

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

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

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

Yes  No

New Institute

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:

| Sl No              | Name | Designation | Qualification | Date of Joining | Teaching Experience | State Pharmacy Council Reg No. | Signature of the faculty | Remarks of the Inspectors |
|--------------------|------|-------------|---------------|-----------------|---------------------|--------------------------------|--------------------------|---------------------------|
| <b>Annexure IX</b> |      |             |               |                 |                     |                                |                          |                           |

2. 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 |
|-----------|------|-------------|---------------|-----------------|---------------------|--------------------------------|--------------------------|---------------------------|
| <b>NA</b> |      |             |               |                 |                     |                                |                          |                           |

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

| Sl No     | Name | Designation | Qualification | Date of Joining | Teaching Experience |          | State Pharmacy Council Reg No. | Signature of the faculty | Remarks of the Inspectors |
|-----------|------|-------------|---------------|-----------------|---------------------|----------|--------------------------------|--------------------------|---------------------------|
|           |      |             |               |                 | After UG            | After PG |                                |                          |                           |
| <b>NA</b> |      |             |               |                 |                     |          |                                |                          |                           |

4. Qualification and number of Staff Members

| Qualification |          |     |        |                  |
|---------------|----------|-----|--------|------------------|
| B. Pharm      | M. Pharm | PhD | Others |                  |
| <b>NA</b>     |          |     |        | <b>Part Time</b> |

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                           | <b>New Institute</b>        |  |
|  | Asst. Professor  | 1                           |                             |  |
|  | Lecturer         | 4                           |                             |  |
| Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis) | Professor        | 1                           |                             |  |
|  | Asst. Professor  | 1                           |                             |  |
|  | Lecturer         | 4                           |                             |  |
| Department of Pharmacology   | Professor        | 1                           |                             |  |
|  | Asst. Professor  | 1                           |                             |  |
|  | Lecturer         | 3                           |                             |  |
| Department of Pharmacognosy  | Professor        | 1                           |                             |  |
|  | Asst. Professor  | 1                           |                             |  |
|  | Lecturer         | 2                           |                             |  |

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Signature of the Inspectors

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

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

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

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

|   |   |          |               |
|---|---|----------|---------------|
| a | Whether Recruitment Committee has been formed                   | Yes / No | New Institute |
| b | Whether Advertisement for vacancy is notified in the Newspapers | Yes / No |               |
| c | Whether Demonstration Lecture has been conducted                | Yes / No |               |
| d | Whether opinion of Recruitment Committee Recorded               | Yes / No |               |

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

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

**9. Details of Faculty Turnover**

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



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

| Sl. No. | Designation                      | Required Number          | Required Qualification              | Available |               | Remarks of the Inspection team   |
|---------|----------------------------------|--------------------------|-------------------------------------|-----------|---------------|----------------------------------|
|         |                                  |                          |                                     | Number    | Qualification |                                  |
| 1       | Laboratory Technician            | 1 for each Dept          | D. Pharm                            |           | NA            | Attached As <b>Annexure VIII</b> |
| 2       | Laboratory Assistants/ Attenders | 1 for each Lab (minimum) | SSLC                                |           |               |                                  |
| 3       | Office Superintendent            | 1                        | Degree                              |           |               |                                  |
| 4       | Accountant                       | 1                        | Degree                              |           |               |                                  |
| 5       | Store keeper                     | 1                        | D. Pharm/ Degree                    |           |               |                                  |
| 6       | Computer Data Operator           | 1                        | BCA / Graduate with Computer Course |           |               |                                  |
| 7       | First Division Assistant         | 1                        | Degree                              |           |               |                                  |
| 8       | Second Division Assistant        | 2                        | Degree                              |           |               |                                  |
| 9.      | Peon                             | 2                        | SSLC                                |           |               |                                  |
| 10      | Cleaning personnel               | Adequate                 | ---                                 |           |               |                                  |
| 11      | Gardener                         | Adequate                 | ---                                 |           |               |                                  |

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**11. 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 |             |        |             |       |           |
| <b>Attached Annexure IX</b> |      |               |             |               |        |         |         |                     | <b>NA</b>  |     |     |             |        |             |       |           |

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

Scope for the promotion for faculty: Pro

14. motions

Yes

No

15. Gratuity Provided

Yes

No

Details of Non-teaching staff members (list to be

16. enclosed) :

| Sl No     | Name | Designation | Qualification | Date of Joining | Experience | Signature | Remarks of the Inspectors |
|-----------|------|-------------|---------------|-----------------|------------|-----------|---------------------------|
| <b>NA</b> |      |             |               |                 |            |           |                           |

**17. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. Yes/ No (NA)**

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**PART V - DOCUMENTATION**

**Records Maintained: Essential**

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

**As the college will be started from the academic year 2018-19. Above date / Register is not available right now.**

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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 | Non Returning |                            |
|     | NA                      |           |               |                         |           |               |                         |           |               |                            |

**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 | Incurred |                            |
|     | Chemicals              | NA         |          | Chemicals              | NA         |          | Chemicals              | NA         |          |                            |
|     | Glassware              | NA         |          | Glassware              | NA         |          | Glassware              | NA         |          |                            |

**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 | Incurred |                            |
|     | Equipment              | NA         |          | Equipment              | NA         |          | Equipment              | NA         |          |                            |

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**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                  | NA         |          | Books                  | NA         |          | Books                  | NA         |          |                            |
| 2      | Journals               | NA         |          | Journals               | NA         |          | Journals               | NA         |          |                            |

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

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**PART VII – EQUIPMENT AND APPARATUS**

**Note: Inspectors are requested to note that items which are marked with an asterisk (\*) are common for both B.Pharm and D. Pharm. I –Department wise List of Minimum equipments required for D. Pharm **Annexure X** Attached**

**PHARM ACEUTICS**

**Equipment:**

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

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|    |                                       |          |          |     |  |
|----|---------------------------------------|----------|----------|-----|--|
| 26 | Millipore filter ( 3 grades)          | Adequate | Adequate | Yes | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 27 | Autoclave*                            | 01       | 01       |     |  |
| 28 | Hot air sterilizer                    | 01       | 01       |     |  |
| 29 | Incubator                             | 01       | 01       |     |  |
| 30 | Aseptic cabinet                       | 01       | 01       |     |  |
| 31 | Ampoule clarity test equipment*       | 01       | 01       |     |  |
| 32 | Blender                               | 01       | 01       |     |  |
| 33 | Sieves set (Pharmacopoeial standard)* | 02       | 02       |     |  |
| 34 | Lab Centrifuge                        | 01       | 01       |     |  |
| 35 | Ointment slab                         | 20       | 20       |     |  |
| 36 | Ointment spatula                      | 20       | 20       |     |  |
| 37 | Pestle and mortar porcelain           | 20       | 20       |     |  |
| 38 | Pestle and mortar glass               | 20       | 20       |     |  |
| 39 | Suppository moulds of three sizes     | 20       | 20       |     |  |
| 40 | Refrigerator                          | 01       | 01       |     |  |

**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              | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 2       | Polarimeter               | 01                    | 01             |                  |  |
| 3       | Photoelectric colorimeter | 01                    | 01             |                  |  |
| 4       | Ph meter*                 | 01                    | 01             |                  |  |
| 5       | Atomic model set*         | 02                    | 02             |                  |  |
| 6       | Electronic balance*       | 01                    | 01             |                  |  |
| 7       | Periodic table chart*     | 05                    | 05             |                  |  |

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

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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              | Order Placed<br>Quotation Are attached<br><b>Annexure</b> |
| 2      | Haemocytometer*                        | 10                    | 10             |                  |   |
| 3      | Student's organ bath                   | 01                    | 01             |                  |   |
| 4      | Sherington's rotating drum*            | 01                    | 01             |                  |   |
| 5      | Frog board                             | 01                    | 01             |                  |   |
| 6      | Tray (dissecting)                      | 01                    | 01             |                  |   |
| 7      | Frontal writing lever*                 | 01                    | 01             |                  |   |
| 8      | Aeration tube*                         | 01                    | 01             |                  |   |
| 9      | Telethermometer                        | 01                    | 01             |                  |   |
| 10     | Pole climbing apparatus*               | 01                    | 01             |                  |   |
| 11     | Histamine chamber                      | 01                    | 01             |                  |   |
| 12     | Simple lever*                          | 01                    | 01             |                  |   |
| 13     | Sterling heart lever*                  | 01                    | 01             |                  |   |
| 14     | Aerator*                               | 01                    | 01             |                  |   |
| 15     | Histological Slides                    | 01                    | 01             |                  |   |
| 16     | Sphygmomanometer*<br>(B.P. apparatus)  | 05                    | 05             |                  |   |
| 17     | Stethoscope*                           | 05                    | 05             |                  |   |
| 18     | First aid equipment                    | 05                    | 05             |                  |   |
| 19     | Contraceptive device*                  | 01                    | 01             |                  |   |
| 20     | Dissecting (surgical) instruments      | 01                    | 01             |                  |   |
| 21     | Balance for weighing small Animals     | 01                    | 01             |                  |   |
| 22     | Kymograph paper                        | 01                    | 01             |                  |   |
| 23     | Actophotometer*                        | 01                    | 01             |                  |   |
| 24     | Analgesiometer*                        | 01                    | 01             |                  |   |
| 25     | Thermometer                            | 10                    | 10             |                  |   |
| 26     | Plastic animal cage                    | 02                    | 02             |                  |   |
| 27     | Double unit organ bath with thermostat | 01                    | 01             |                  |   |
| 28     | Refrigerator                           | 01                    | 01             |                  |   |
| 29     | Digital balance                        | 01                    | 01             |                  |   |
| 30     | Charts                                 | 05                    | 05             |                  |   |
| 31     | Human skeleton*                        | 01                    | 01             |                  |   |

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|    |  |        |        |            |  |
|----|--|--------|--------|------------|--|
| 32 | Anatomical specimen (Heart, brain, eye,,ear,,reproductive system etc..)* | 01 set | 01 set | <b>Yes</b> | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 33 | Electro-convulsimeter*   | 01     | 01     |            |  |
| 34 | Stop watch   | 05     | 05     |            |  |
| 35 | Clamp, boss heads, screw clips*  | 02     | 02     |            |  |
| 36 | Syme's Cannula*  | 02     | 02     |            |  |

**NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department t. 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             | <b>Yes</b>       | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 2      | Charts (different types) | 05                    | 05             |                  |  |
| 3      | Models (different types) | 10                    | 10             |                  |  |
| 4      | Permanent Slides         | 100                   | 100            |                  |  |
| 5      | Slides and Cover Slips   | 100                   | 100            |                  |  |

**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              | <b>Yes</b>       | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 2      | Microscope  | 20                    | 20             |                  |  |
| 3      | Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)                                   | 100                   | 100            |                  |  |
| 4      | Watch glass   | 100                   | 100            |                  |  |
| 5      | Centrifuge  | 1                     | 1              |                  |  |
| 6      | Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities | 100                   | 100            |                  |  |
| 7      | Filtration equipment  | 2                     | 2              |                  |  |
| 8      | Filling Machine   | 1                     | 1              |                  |  |
| 9      | Sealing Machine   | 1                     | 1              |                  |  |

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Institution

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Inspectors



|    |  |        |        |            |  |
|----|--|--------|--------|------------|--|
| 10 | Autoclave sterilizer   | 1      | 1      | <b>Yes</b> | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 11 | Membrane filter  | 1 Unit | 1 Unit |            |  |
| 12 | Sintered glass funnel with complete filtering assemble       | 1 Set  | 1 Set  |            |  |
| 13 | Small disposable membrane filter for IV admixture filtration | 1 Set  | 1 Set  |            |  |
| 14 | Laminar air flow bench                                       | 1      | 1      |            |  |
| 15 | Vacuum pump  | 1      | 1      |            |  |
| 16 | Oven   | 1      | 1      |            |  |
| 17 | Surgical dressing  | 1 Set  | 1 Set  |            |  |
| 18 | Incubator  | 1      | 1      |            |  |
| 19 | PH meter   | 1      | 1      |            |  |
| 20 | Disintegration test apparatus                                | 1      | 1      |            |  |
| 21 | Hardness tester  | 1      | 1      |            |  |
| 22 | Centrifuge   | 1      | 1      |            |  |
| 23 | Magnetic stirrer   | 1      | 1      |            |  |
| 24 | Thermostatic bath  | 1      | 1      |            |  |

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

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

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

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**AI Department wise List of Minimum equipments required for B. Pharm (for a batch of 20 s tudents)**

**DEPARTMENT OF PHARMACOLOGY**

**Equipment:**

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

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|    |   |                 |                 |     |  |
|----|---|-----------------|-----------------|-----|--|
| 22 | Aerators*   | 10              | 10              | Yes | Order Placed Quotation Are attached<br><b>Annexure</b> |
| 23 | Computer with LCD   | 01              | 01              |     |  |
| 24 | Software packages for experiment                            | 01              | 01              |     |  |
| 25 | Standard graphs of various drugs                            | Adequate number | Adequate number |     |  |
| 26 | Actophotometer*   | 01              | 01              |     |  |
| 27 | Rotarod   | 01              | 01              |     |  |
| 28 | Pole climbing apparatus*                                    | 01              | 01              |     |  |
| 29 | Analgesiometer (Eddy's hot plate and radiant heat methods)* | 01              | 01              |     |  |
| 30 | Convulsiometer*   | 01              | 01              |     |  |
| 31 | Plethysmograph  | 01              | 01              |     |  |
| 32 | Digital pH meter  | 01              | 01              |     |  |

#### Apparatus:

| Sl. No. | Name  | Minimum required No.s | Available Nos. | Working Yes / No | Remarks of the Inspectors                              |
|---------|---|-----------------------|----------------|------------------|--|
| 1       | Folin-Wu tubes                                    | 60                    | 60             | Yes              | Order Placed Quotation Are attached<br><b>Annexure</b> |
| 2       | Dissection Tray and Boards*                       | 10                    | 10             |                  |  |
| 3       | Haemostatic artery forceps                        | 10                    | 10             |                  |  |
| 4       | Hypodermic syringes and needles of size 15,24,26G | 10                    | 10             |                  |  |
| 5       | Levers, cannulae*                                 | 20                    | 20             |                  |  |

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

#### DEPARTMENT OF PHARMACOGNOSY

#### Equipment:

| Sl. No. | Name                             | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors                              |
|---------|----------------------------------|-----------------------|----------------|------------------|--|
| 1       | Microscope with stage micrometer | 15                    | 15             | Yes              | Order Placed Quotation Are attached<br><b>Annexure</b> |
| 2       | Digital Balance                  | 02                    | 02             |                  |  |
| 3       | Autoclave                        | 02                    | 02             |                  |  |
| 4       | Hot air oven                     | 02                    | 02             |                  |  |
| 5       | B.O.D.incubator                  | 01                    | 01             |                  |  |
| 6       | Refrigerator                     | 01                    | 01             |                  |  |
| 7       | Laminar air flow                 | 01                    | 01             |                  |  |
| 8       | Colony counter                   | 02                    | 02             |                  |  |
| 9       | Zone reader                      | 01                    | 01             |                  |  |

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

**Apparatus:**

| Sl. No. | Name                        | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors                              |
|---------|-----------------------------|-----------------------|----------------|------------------|--|
| 1       | Reflux flask with condenser | 20                    | 20             | Yes              | Order Placed Quotation Are attached<br><b>Annexure</b> |
| 2       | Water bath                  | 20                    | 20             |                  |  |
| 3       | Clavengers apparatus        | 10                    | 10             |                  |  |
| 4       | Soxhlet apparatus           | 10                    | 10             |                  |  |
| 5       | TLC chamber and sprayer     | 10                    | 10             |                  |  |
| 6       | Distillation unit           | 01                    | 01             |                  |  |

**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              | Order Placed Quotation Are attached<br><b>Annexure</b> |
| 2       | Oven                                  | 03                    | 03             |                  |  |
| 3       | Refrigerator                          | 01                    | 01             |                  |  |
| 4       | Analytical Balances for demonstration | 05                    | 05             |                  |  |

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|    |                                   |    |    |     |  |
|----|-----------------------------------|----|----|-----|--|
| 5  | Digital balance 10mg sensitivity  | 10 | 10 | Yes | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 6  | Suction pumps                     | 06 | 06 |     |  |
| 7  | Muffle Furnace                    | 01 | 01 |     |  |
| 8  | Mechanical Stirrers               | 10 | 10 |     |  |
| 9  | Magnetic Stirrers with Thermostat | 10 | 10 |     |  |
| 10 | Vacuum Pump                       | 01 | 01 |     |  |
| 11 | Digital pH meter                  | 01 | 01 |     |  |
| 12 | Microwave Oven                    | 01 | 01 |     |  |

**Apparatus:**

| Sl. No. | Name  | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors                                    |
|---------|---|-----------------------|----------------|------------------|--|
| 1       | Distillation Unit                                 | 02                    | 02             | Yes              | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 2       | Reflux flask and condenser single necked          | 20                    | 20             |                  |  |
| 3       | Reflux flask and condenser double / triple necked | 20                    | 20             |                  |  |
| 4       | Burettes  | 40                    | 40             |                  |  |
| 5       | Arsenic Limit Test Apparatus                      | 20                    | 20             |                  |  |
| 6       | Nessler's Cylinders                               | 40                    | 40             |                  |  |

**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              | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 2       | Digital balance (10 mg sensitivity) | 05                    | 05             |                  |  |
| 3       | Microscopes                         | 05                    | 05             |                  |  |
| 4       | Stage and eye piece micrometers     | 05                    | 05             |                  |  |
| 5       | Brookfield's viscometer             | 01                    | 01             |                  |  |
| 6       | Ball mill*                          | 01                    | 01             |                  |  |
| 7       | Sieve shaker with sieve set*        | 01                    | 01             |                  |  |
| 8       | Double cone blender                 | 01                    | 01             |                  |  |
| 9       | Propeller type mechanical agitator  | 05                    | 05             |                  |  |
| 10      | Autoclave*                          | 01                    | 01             |                  |  |
| 11      | Steam distillation still            | 01                    | 01             |                  |  |

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Signature of the Inspectors

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

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Institution

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**Apparatus:**

| Sl. No. | Name                                    | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors                                 |
|---------|---|-----------------------|----------------|------------------|---|
| 1       | Ostwald's viscometer                    | 15                    | 15             | Yes              | Order Placed<br>Quotation Are attached<br><b>Annexure</b> |
| 2       | Stalagmometer                           | 15                    | 15             |                  |   |
| 3       | Desiccator*                             | 05                    | 05             |                  |   |
| 4       | Suppository moulds                      | 20                    | 20             |                  |   |
| 5       | Buchner Funnels<br>Small, medium, large | 05 each               | 05 each        |                  |   |
| 6       | Filtration assembly                     | 01                    | 01             |                  |   |
| 7       | Permeability Cups                       | 05                    | 05             |                  |   |
| 8       | Andreason's Pipette                     | 03                    | 03             |                  |   |
| 9       | Lipstick moulds                         | 10                    | 10             |                  |   |

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

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



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Signature of the Inspectors

|    |                            |    |    |     |  |
|----|----------------------------|----|----|-----|--|
| 16 | Paper Electrophoresis Unit | 01 | 01 | Yes | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 17 | Micro Centrifuge           | 01 | 01 |     |  |
| 18 | Incubator water bath       | 01 | 01 |     |  |
| 19 | Autoclave                  | 01 | 01 |     |  |
| 20 | Refrigerator               | 01 | 01 |     |  |
| 21 | Filtration Assembly        | 01 | 01 |     |  |
| 22 | Digital pH meter           | 01 | 01 |     |  |

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

**CENTRAL INSTRUMENTATION ROOM:**

| Sl. No. | Name   | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors                                    |
|---------|--|-----------------------|----------------|------------------|--|
| 1       | Colorimeter  | 01                    | 01             | Yes              | Order Placed<br>Quotation Are<br>attached<br><b>Annexure</b> |
| 2       | Digital pH meter   | 01                    | 01             |                  |  |
| 3       | UV- Visible Spectrophotometer                                | 01                    | 01             |                  |  |
| 4       | Flourimeter  | 01                    | 01             |                  |  |
| 5       | Digital Balance (1mg sensitivity)                            | 01                    | 01             |                  |  |
| 6       | Nephelo Turbidity meter                                      | 01                    | 01             |                  |  |
| 7       | Flame Photometer   | 01                    | 01             |                  |  |
| 8       | Potentiometer  | 01                    | 01             |                  |  |
| 9       | Conductivity meter   | 01                    | 01             |                  |  |
| 10      | Fourier Transform Infra Red Spectrometer (Desirable)         | 01                    | 01             |                  |  |
| 11      | HPLC   | 01                    | 01             |                  |  |
| 12      | HPTLC (Desirable)  | 01                    | 01             |                  |  |
| 13      | Atomic Absorption and Emission spectrophotometer (Desirable) | 01                    | 01             |                  |  |
| 14      | Biochemistry Analyzer (Desirable)                            | 01                    | 01             |                  |  |
| 15      | Carbon, Hydrogen, Nitrogen Analyzer (Desirable)              | 01                    | 01             |                  |  |
| 16      | Deep Freezer (Desirable)                                     | 01                    | 01             |                  |  |
| 17      | Ion- Exchanger   | 01                    | 01             |                  |  |
| 18      | Lyophilizer (Desirable)                                      | 01                    | 01             |                  |  |

**\* Items marked with asterisk are common for B.Pharm and D. Pharm**

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Signature of the Inspectors

**Observation of the Inspectors:**

|   |
|---|
| <b>Compliance of the last recommendations by Inspectors</b> |
| <b>Specific observations if not complied</b>                |

|                                 |           |
|---------------------------------|-----------|
| <b>Signature of Inspectors:</b> | <b>1.</b> |
|                                 | <b>2.</b> |

**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.**

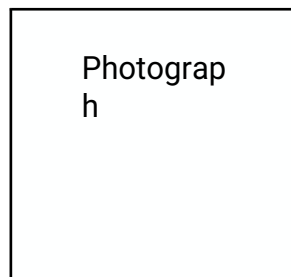
# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name .....  
(as on University Degree certificate)

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



Date of Birth & Age .....

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

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

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

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

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

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

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

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

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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 Office : \_\_\_\_\_  
with Code

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/<br>Assistant<br>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.

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

|                 | Amount Received | TDS |
|-----------------|-----------------|-----|
| April, 20__     |                 |     |
| May, 20__       |                 |     |
| June, 20__      |                 |     |
| July, 20__      |                 |     |
| August, 20__    |                 |     |
| September, 20__ |                 |     |
| October, 20__   |                 |     |
| November, 20__  |                 |     |
| December, 20__  |                 |     |
| January, 20__   |                 |     |
| February, 20__  |                 |     |
| March, 20__     |                 |     |

(Copy of my form 16 (TDS certificate) for the last financial year is attached)

P.A.N. : \_\_\_\_\_ Circle : \_\_\_\_\_

**Declaration**

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

Signature of the Employee:

Date :

Place:

**Endorsement**

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

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

Date :

Place :





