

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm for 100 adms.
(To be filled and submitted to PCI by an organization seeking approval of the
course / continuation of the approval)

(SIF-B-1)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)

2.

PART – I

A - GENERAL INFORMATION

A – I .1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	SCIENT INSITUTUTE OF PHARMACY (Formerly GREATER HYDERABAD INSTITUTE OF PHARMACY), IBRAHIMPATNAM, R.R.DISTRICT 08414 – 202010 08414 - 223854 ghip_scient@yahoo.com
Year of Establishment	2007
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	SOCIETY Details enclosed As Annexure - I
A – I .2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	SCIENT EDUCATIONAL SOCIETY 3-2-848/9-11, Kachiguda, Hyderabad – 27 040 – 65594666 040 – 24737387 scient_insteng@yahoo.co.in www.scientpharmacy.ac.in Details enclosed As Annexure - II
A – I .3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Sri.K.C.SHEKER REDDY Secretary 3-2-848/9-11, Kachiguda, Hyderabad – 27 040 – 24741658 040 – 223550166 9848016959 040 – 24737387 ghip_scient@yahoo.com
A – I .4 Name and Address of the Head of the Institution	Dr.NEERAJ KAUL M.Pharma., Ph.D Principal Scient Institute of Pharmacy Ibrahimpatnam, R.R.District

Signature of the Head of the Institution

Signature of the Inspectors

A –I. 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2017-2018	SBH D.D No. 413792	30/08/2016	

b. APPROVAL STATUS:

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2016-17	Approval Letter No and Date	32-977/PCI/ File No:02.271 Dt:15/07/2016	TS-G.O.Rt.No.57 Dt:04/08/2014	UAAC/Affi./Scient IP-GP/2016 Dt: 01/07/2016	
		Approved Intake	60	For 2014-15: 100	60	
		Actually Admitted	49	For 2016-17: 49	49	

c. STATUS OF APPLICATION

Faculty / Subject	Extension of Approval	COURSES	CTED FOR	Remarks		
				Increase in Intake of Seats	Current Intake	Proposed increase in Intake
B. Pharm	Yes			Yes	60	100

Note: Enclose relevant documents: Copies of Correspondence Letters and Affiliation fee details are enclosed as Annexure - III

A –I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If Yes, Give Details

Yes No

A – I. 6 a

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

Signature of the Head of the Institution

Signature of the Inspectors

Examining Authority : JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY
 With complete postal KUKATPALLY, HYDERABAD, ANDHRA PRADESH
 Address, Telephone No. 040 – 23156113, 23158661 TO 4
 and STD Code.

B - DETAILS OF THE INSTITUTION

B –I.1 Name of the Principal		Dr.NEERAJ KAUL, M.Pharma., Ph.D		
Qualification/ Experience	Qualification*	Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	16 years, out of which 6 years as Prof. / HOD	13 Years	
	PhD	10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided Details Enclosed as Annexure - IV

B –I.2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	05/05/2016	Enclosed as Annexure – V	Complied	--No-

* Enclose Documents Enclosed as Annexure-V

B –I.3

Status of Governing Council:	Society
Details of the Governing Body	Enclosed as Annexure – VI
Minutes of the last Governing council Meeting	Enclosed as Annexure – VII

B –I.4

Pay Scales:

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

B –I.5

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

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
Sanctioned	60	60	60
No. of Admissions	29	33	49
Unfilled Seats	31	27	11
No. of Excess Admissions	Nil	Nil	Nil

Signature of the Head of the Institution

Signature of the Inspectors

B –I.6

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

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
1st year	10	10	--
2nd year	28	10	--
3rd year	66	30	--
Final year	0	80	--
Pass % (Final Year)	0	80	--

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

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	PRAKASH
Programme conducted (mention details)	Blood Donation, Plantation
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes - Rehabilitation
Physical Instructor	Available
Sports Ground	Individual

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

Financial Year 2010-11

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	--	CAPITAL EXPENDITURE			
2.	Tuition Fee	1,67,52,000	1.	Building	41,25,000	
3.	Library Fee	-	2.	Equipment	5,15,000	
4.	Sports Fee	-	3.	Others	6,00,500	
5.	Union Fee	-	REVENUE EXPENDITURE			
6.	Others	12,26,000	1	Salary	1,01,28,0000	
			2.	MAINTENANCE EXPENDITURE		
				i	College	14,25,000
				ii	Others	--
			3.	University Fee (If any)	11,35,000	
			4.	Apex Bodies Fee	5,00,000	
			5.	Government Fee	-	
			6.	Deposit held by the College	-	
			7.	Others	1,25,000	
			8.	Misc.Expenditure	4,77,500	
			Total		1,37,90,500	
					52,40,500	
Total		1,79,78,000				

Note: Enclose relevant documents

Enclosed the relevant document as Annexure - VIII

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : **Available**
 a) 2.5 acres District HQ/Corporation/Municipality limit
 b) 0.5 acre for City / Metros
- b. Building : **Own**
- c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : **Enclosed as Annexure - IX**
- d. Building[†]:
 i) Approved Building plan, to be Enclosed : **Enclosed as Annexure - X**
- e. Total Built Area of the college building in Sq.mts : Built up Area 3764 Sq.mts
 Amenities and Circulation Area 1334 Sq.mts

2. Class rooms:

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

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	06	6 of 90 Sq. mts each OR 4 of 150 Sq. mts each (Essential)	540	

(*To accommodate 60 students).

3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	1050	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	315 210 105 210 105 105	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (minimum)	50	
4	Area of the Machine Room	80-100 Sq.mts	105	
5	Central Instrumentation Room	80 Sq.mts with A/ C	105	
6	Store Room – I	1 (Area 100 Sq mts)	100	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20	

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	1	35	
2	Office – I - Establishment	01	60 Sq. mts	1	75	
3	Office – II - Academics				60	
4	Confidential Room				35	

5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	4	20 Sq.mts each	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	3	60 sq mts each	

6. Museum, Library, Animal House and other Facilities

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	1	80	
2	Library	01	150 Sq mts	1	150	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	75	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	250	
5	Seminar Hall	01		1	250	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1	150 sq yards	

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	1	60	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	60	
3	Toilet Blocks for Boys	01	24 Sq.mts	1	30	
4	Toilet Blocks for Girls	01	24 Sq.mts	1	35	
5	Drinking Water facility – Water Cooler (Essential).	01		1	Available	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	-	-	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	-	-	
8	Power Backup Provision (Desirable)	01		1	35	

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	1	75	
Computer (Latest Configuration)	1 system for every 10 students	40	75	
Printers	1 printer for every 10 computers	4	-	
Multi Media Projector	01	1	-	
Generator (5KVA)	01	1	-	

Signature of the Head of the Institution

Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts			Not Available	
Staff quarters	16 x 80 Sq. mts			Not Available	
Canteen	100 Sq. mts	1	400	Available	
Parking Area for staff and students			Available	Available	
Bank Extension Counter				Not Available	
Co operative Stores				Not Available	
Guest House	80 Sq. mts		80		
Transport Facilities for students			Available	Available	
Medical Facility (First Aid)			Available	Available	

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	310	3238	
2	Annual addition of books		100 to 150 books per year	20	150	
3	Periodicals Hard copies / online		10 National 05 International periodicals	10 National 5 International	320	
4	CDS		Adequate Nos		Available	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)		Available 10	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01		1 1 1	
7	Library Automation and Computerized System : Available					
8	Library Timings : 09:00 am to 05:00 pm					

10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

II B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
	Enclosed					
Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
			Enclosed			

III B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
			Enclosed			

IV B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
			Enclosed			

Signature of the Head of the Institution

Signature of the Inspectors

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

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

A.

Name of the Event	Year 2014-15	Year 2015-16	Year 2016-17
Guest Lectures	5	7	2
Seminars	2	2	1
Workshops	-	1	-
Symposia	-	-	-

B. Papers Presented / Published during last three years

	Year 2014-15		Year 2015-16		Year 2016-17	
	National	International	National	International	National	International
Published	4	3	2	01	-	-
Presented	4	2	3	-	-	-

10. Whether Internal Assessments are conducted periodically as per university norms
Enclosed as Annexure-XIV

Yes Yes No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	ENCLOSED						
II B. Pharm							
III B. Pharm							
IV B. Pharm							

11. Whether Evaluation of the internal assessments is Fair Yes No
Enclosed as Annexure-XV

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B.Pharm	ENCLOSED								
II B.Pharm									
III B.Pharm									
IV B.Pharm									

Signature of the Head of the Institution

Signature of the Inspectors

12. Work load of Faculty members for B. Pharm : Enclosed

Sl. No	Name of the Faculty	Subjects taught	B. Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		
Details are Enclosed as ANNEXURE - XVI						

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

Details	Year 2014-15	Year 2015-16	Year 2016-17
No. of Students Appeared	11	36	--
No. of Students Qualified	7	30	--
Percentage	64 %	83%	--

14. Whether the Institution has an Industry – Institution Interaction cell Yes No

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	5
Industrial Tour	0
Industrial Training	2
No. of Resource Persons from the Industry for Guest Lectures	7
No. of Collaboration projects with Industry	-

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

Year	Year 2014-15	Year 2015-16	Year 2016-17
No. of students appeared for campus interview	38	32	--
% Placed	4	62 %	--

16. Whether Professional Society Activities are Conducted (Enclose Details) (ISTE, IPA, APTI, ICTA and Related Societies) No

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF:

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

SI No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After PG			
Details enclosed as Annexure – XVII								

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
25	1	3

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

	No. of staff required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
Total	25
*Part time teaching Staff	3
Remarks of the Inspection Team	

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Professor: Asst. Professor: Lecturer

1 : 2 : 6

Department / Division	Name of the post	For strength of 100 students	Provided by the institutio	Remarks of inspection team
Department of Pharmaceutics	Professor	1		
	Asst. Professor	2	11	
	Lecturer	3		
Department of Pharmaceutical Chemistry	Professor	1	01	
	Asst. Professor	3	03	
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	2	04	
	Lecturer	1		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1	03	
	Lecturer	2		
Department of Pharmacy	Asst. Professor	1		
	Lecturer	1		
Department of Pharmaceutical Analysis	Asst. Professor	1	04	
	Lecturer	1		

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

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

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

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
Ch.Sravanthi,D.Swathi,U.Mohan Kumar, K.Suresh, N.Mohana Vamsi	Duration of 5 yrs. and above	18
S.Damayanthi, D.Pranitha, v.karunakar,m.sravan kumar reddy,m.rajesh goud,r.avinash,k.ranjith kumar,md.nazia,d.satheesh babu,ch.pavani,neeraj kaul,e.sai revathi,k.srinivasa raor.divya keerthi,k.v.r.sirisha,s.damayanthi,r.prasanna kumar,d.prashanth,n.sruthi,m.sridhar,b.naveen,s.viswanth reddy	Less than 5 yrs.	82

Signature of the Head of the Institution

Signature of the Inspectors

7. Details of Faculty Turnover:

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

10. Whether facilities for Research / Higher studies are provided to the faculty? YES
(Inspectors to verify documents pertaining to the above)

11. Whether faculty members are allowed to attend workshops and seminars? YES
(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: Promotions Yes No

13. Gratuity Provided Yes No

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

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
Details are Enclosed as ANNEXURE – XIX							

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

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential

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

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

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

(Audited Accounts for previous year to be enclosed) Details are Enclosed as ANNEXURE - XX

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
1	42,86,000	35,75,000	7,11,000	1,90,31,000	1,34,14,500	56,17,500	1,92,31,000	1,35,14,500	57,17,500	
2										

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

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Chemicals	1,20,000	38,000	Chemicals	1,80,000	35,000	Chemicals	1,25,000	15,000	
2	Glassware	80,000	5,000	Glassware	65,500	6,540	Glassware	85,000	12,500	

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

(Enclose purchase invoice) Details are Enclosed as ANNEXURE - XXI

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Equipment	16,00,000	30,000	Equipment	6,72,000	60,500	Equipment	5,15,000	55,000	

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Signature of the Inspectors

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

SI No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	75,000	4,000	Books	68,000	4,350	Books	85,000	14,000	
2	Journals	55,000	8,500	Journals	68,000	4,800	Journals	67,000	--	

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

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PART VII – EQUIPMENT AND APPARATUS

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

DEPARTMENT OF PHARMACOLOGY

Equipment:

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

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

Apparatus:

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60	Yes	
2	Dissection Tray and Boards	10	15	Yes	
3	Haemostatic artery forceps	10	15	Yes	
4	Hypodermic syringes and needles of size 15,24,26G	10	30	Yes	
5	Livers, cannulae	20	25	Yes	

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

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	15	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	

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5	B.O.D.incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	15	15	Yes	
13	Eye piece micrometer	15	15	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	15	15	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (Single and multi channeled)	02	02	Yes	
20	Micro Centrifuge	01	01	Yes	
21	Projection Microscope	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	20	Yes	
2	Water bath	20	20	Yes	
3	Clavengers apparatus	10	10	Yes	
4	Soxhlet apparatus	10	10	Yes	
6	TLC chamber and sprayer	10	10	Yes	
7	Distillation unit	01	01	Yes	

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	

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4	Analytical Balances for demonstration	05	15	Yes	
5	Digital balance 10mg sensitivity	10	10	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	06	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	10	Yes	
10	Magnetic Stirrers with Thermostat	10	10	Yes	
11	Vacuum Pump	01	01	Yes	
12	Digital pH meter	01	01	Yes	
13	Microwave Oven	02	02	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	40	40	Yes	
5	Arsenic Limit Test Apparatus	20	20	Yes	
6	Nessler's Cylinders	40	60	Yes	

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	10	10	Yes	
2	Homogenizer	05	05	Yes	
3	Digital balance	05	05	Yes	
4	Microscopes	05	05	Yes	
5	Stage and eye piece micrometers	05	05	Yes	
6	Brookfield's viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	

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9	Sieve shaker with sieve set	01	01	Yes	
10	Double cone blender	01	01	Yes	
11	Propeller type mechanical agitator	05	05	Yes	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 Set	Yes	
16	Tablet punching machine	01	01	Yes	
17	Capsule filling machine	01	01	Yes	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule filling and sealing machine	01	01	Yes	
20	Tablet disintegration test apparatus IP	01	01	Yes	
21	Tablet dissolution test apparatus IP	01	01	Yes	
22	Monsanto's hardness tester	01	01	Yes	
23	Pfizer type hardness tester	01	01	Yes	
24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	01	Yes	
26	Ointment filling machine	01	01	Yes	
27	Collapsible tube crimping machine	01	01	Yes	
28	Tablet coating pan	01	01	Yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	05 each 10	Yes	
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01	01	Yes	
32	Aseptic Cabinet	01	01	Yes	
33	BOD Incubator	02	02	Yes	
34	Bottle washing Machine	01	01	Yes	
35	Bottle Sealing Machine	01	01	Yes	
36	Bulk Density Apparatus	02	02	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	02	Yes	
39	Energy meter	02	02	Yes	
40	Hot Plate	02	02	Yes	

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41	Humidity Control Oven	01	01	Yes	
42	Liquid Filling Machine	01	01	Yes	
43	Mechanical stirrer with speed regulator	02	02	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	Distillation Unit	01	01	Yes	

Apparatus:

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

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

PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	Yes	
2	Lyophilizer (Desirable)	01	--	==	
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01	01	Yes	
5	Refrigerated Centrifuge	01	01	Yes	
6	Fermenters of different capacity (Desirable)	01	--	==	
7	Tissue culture station	01	01	Yes	
8	Laminar airflow unit	01	01	Yes	

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9	Diagnostic kits to identify infectious agents	01	01	Yes	
10	Rheometer	01	01	Yes	
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	01	Yes	
13	Sonicator	01	01	Yes	
14	Respinometer	01	01	Yes	
15	BOD Incubator	01	01	Yes	
16	Paper Electrophoresis Unit	01	01	Yes	
17	Micro Centrifuge	01	01	Yes	
18	Incubator water bath	01	01	Yes	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

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

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Flourimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	01	Yes	
7	Flame Photometer	01	01	Yes	
8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	--	--	
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01	--	--	

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13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	01	Yes	
14	Biochemistry Analyzer (Desirable)	01	--	--	
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	--	--	
16	Deep Freezer (Desirable)	01	--	--	
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01	--	--	

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

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

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

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

Photograph

Date of Birth & Age

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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

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

Signature of the Head of the Institution

Signature of the Inspectors

Permanent Residential

Address of employee : _____

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

STD Code

Phone No.

Phone & Fax Number with Code Office : _____

Residence : _____

E-mail address : _____

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

Details of the previous appointments/teaching experience

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

- 1) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (**relieving order is enclosed from the previous institution**).
- 2) I am not working in any other 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.

Signature of the Head of the Institution

Signature of the Inspectors

3) I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2008		
May, 2008		
June, 2008		
July, 2008		
August, 2008		
September, 2008		
October, 2008		
November, 2008		
December, 2008		
January, 2009		
February, 2009		
March, 2009		

(Copy of my form 16 (TDS certificate) for financial year 2008-2009 is attached)

P.A.N. : _____ Circle : _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2007-2008.
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 : _____

Signature of the Head of the Institution

Signature of the Inspectors