

**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**

<p><b>A – I.1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail</p>	
<p>Year of starting of the course</p>	
<p>Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	
<p><b>A – I.2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:</p>	
<p><b>A – I.3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail</p>	
<p><b>A – I.4</b> Name and Address of the Head of the Institution</p>	
<p><b>A – I.4 a)</b> Whether the Jan Aushadhi Medical Store has been opened by your institution</p>	<p align="center">Yes / No (Please tick (✓) the relevant portion)</p>

**A – I.5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**a. Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm				

**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		Approval Letter No and Date				
		Approved Intake				
		Actually Admitted				

**c. STATUS OF APPLICATION**

COURSES INSPECTED FOR						
Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
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 Details

Yes

No

**A – I. 6 a**

Status of the Pharmacy Course:	
Independent Building	<input 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.

Signature of the Head of the Institution

Signature of the Inspectors

**B - DETAILS OF THE INSTITUTION**

<b>B –I .1</b>					
<b>Name of the Principal</b>					
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm		15 years, out of which 5 years as Prof. / HOD		
	PhD		10 years, out of which at least 05 years as Asst. Prof		

\* Documentary evidence should be provided

**B –I .2**

**For institution seeking continuation of affiliation**

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

\* Enclose Documents

**B –I .3**

<b>Status of Governing Council:</b>	<b>Government/Trust/Society/Individual / University</b>
<b>Details of the Governing Body</b>	<b>Enclosed / Not Enclosed</b>
<b>Minutes of the last Governing council Meeting</b>	<b>Enclosed / Not Enclosed</b>

**B –I .4**

**Pay Scales:**

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

**B –I .5**

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

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

Signature of the Head of the Institution

Signature of the Inspectors

**B –I .6**

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

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

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

Whether college has NSS Unit (Yes/No)? If no give reasons	
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**C - FINANCIAL STATUS OF THE INSTITUTION**

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

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

**C .2 Please provide following Information**

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

**Note: Enclose relevant documents**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : **Available / Not Available**  
 a) 2.5 acres District HQ/Corporation/Municipality limit  
 b) 0.5 acre for City / Metros
- b. Building : **Own/Rented/Leased**
- c. Land Details to be in name of Trust and Society  
 Records to be enclosed  
 Sale deed : **Enclosed/Not available**
- d. Building<sup>†</sup>:  
 i) Approved Building plan, to be Enclosed : **Enclosed/Not available**
- e. Total Built Area of the college building in Sq.mts : Built up Area   
 Amenities and Circulation Area

### 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		6 of 90 Sq. mts Or 4 of 150 sq.mts. with Public address System.		

(\*To accommodate 100 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		
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *		
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (minimum)		
4	Area of the Machine Room	80-100 Sq.mts		
5	Central Instrumentation Room	80 Sq.mts with A/ C		
6	Store Room – I	1 (Area 100 Sq mts)		
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)		

\*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			
2	Office – I - Establishment	01	60 Sq. mts			
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			
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)			

**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			
2	Library	01	150 Sq mts			
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)			
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity			
5	Seminar Hall	01				
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal 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 Sq.mts			
2	Boy's Common Room (Essential)	01	60 Sq.mts			
3	Toilet Blocks for Boys	01	24 Sq.mts			
4	Toilet Blocks for Girls	01	24 Sq.mts			
5	Drinking Water facility – Water Cooler (Essential).	01				
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				

**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)			
Computer (Latest Configuration)	1 system for every 10 students			
Printers	1 printer for every 10 computers			
Multi Media Projector	01			
Generator (5KVA)	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				
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				
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:

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy			
2	Annual addition of books		150 to 200 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals			
4	CDS		Adequate Nos			
5	Internet Browsing Facility		Yes/No (Minimum ten computers)			
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01			
7	Library Automation and Computerized System					
8	<b>Library Timings</b>					

### 10.B. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	1		
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:** Theory          Practicals          Remarks of the Inspectors

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

to be present provided the lab is spacious.

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

**3. Date of Commencement of session / sessions:**

<b>Commencement</b>	<b>Completion</b>
<b>DD/MM/YY</b>	<b>DD/MM/YY</b>

No of Days

No of Days

**4. Vacation:**                                  Summer:                                            Winter:         

**5. Total No. of working days:**         

**6. Time Table:**

Time Table for B. Pharm course Enclosed                                  Yes                                   No

**7. Whether the prescribed numbers of classes are being conducted as per university norms**

**I B. Pharm:**

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

**II B. Pharm:**

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

**III B. Pharm:**

Signature of the Head of the Institution

Signature of the Inspectors

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

**IV B. Pharm:**

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

8 . Whether Tutorials are being conducted (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 200-	Year 200-	Year 200-
Guest Lectures			
Seminars			
Workshops			
Symposia			

B. Papers Presented / Published during last three years

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
Published						
Presented						

Signature of the Head of the Institution

Signature of the Inspectors

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

Yes  No

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

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

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

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

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

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

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

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

If applicable please give the details for the previous Year

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

Signature of the Head of the Institution

Signature of the Inspectors

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

<b>Year</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>No. of students appeared for campus interview</b>			
<b>% Placed</b>			

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

<b>Yes</b>	<b>No</b>
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**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PART IV - PERSONNEL

### TEACHING STAFF:

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

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

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time

3. Teaching Staff required year wise exclusively for B.Pharm for intake of 100 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
<b>Total</b>	<b>25</b>
<b>*Part time teaching Staff</b>	<b>3</b>
<b>Remarks of the Inspection Team</b>	

\*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

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

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

a.	Whether Recruitment Committee has been formed	Yes / No
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

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

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
	Less than 5 yrs.	

**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				

Signature of the Head of the Institution

Signature of the Inspectors

**8.Number of Non-teaching staff available for B. Pharm course for intake of 100 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			
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	Office Staff I	1	Degree			
8	Office Staff II	2	Degree			
9	Peon	2	SSLC			
10	Cleaning personnel	Adequate	---			
11	Gardener	Adequate	---			

**Signature of the Head of the Institution**

**Signature of the Inspectors**



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

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

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

(Inspectors to verify documents pertaining to the above)

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

(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

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

Signature of the Head of the Institution

Signature of the Inspectors

## PART V - DOCUMENTATION

### Records Maintained: Essential

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART - VI**

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

SI	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

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

SI	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				Chemicals			Chemicals			
	Glassware				Glassware			Glassware			

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

SI	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				Equipment			Equipment			

Signature of the Head of the Institution

Signature of the Inspectors

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

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
<b>1</b>	<b>Books</b>			<b>Books</b>			<b>Books</b>			
<b>2</b>	<b>Journals</b>			<b>Journals</b>			<b>Journals</b>			

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

Signature of the Head of the Institution

Signature of the Inspectors

## PART VII – EQUIPMENT AND APPARATUS

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

### DEPARTMENT OF PHARMACOLOGY

#### Equipment:

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

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

**Apparatus:**

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60			
2	Dissection Tray and Boards	10			
3	Haemostatic artery forceps	10			
4	Hypodermic syringes and needles of size 15,24,26G	10			
5	Levers, cannulae	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	20			
2	Digital Balance	02			
3	Autoclave	02			
4	Hot air oven	02			

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5	B.O.D.incubator	01			
6	Refrigerator	01			
7	Laminar air flow	01			
8	Colony counter	02			
9	Zone reader	01			
10	Digital pH meter	01			
11	Sterility testing unit	01			
12	Camera Lucida	20			
13	Eye piece micrometer	20			
14	Incinerator	01			
15	Moisture balance	01			
16	Heating mantle	20			
17	Flourimeter	01			
18	Vacuum pump	02			
19	Micropipettes (Single and multi channeled)	05			
20	Micro Centrifuge	01			
21	Projection Microscope	01			

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20			
2	Water bath	20			
3	Clavengers apparatus	10			
4	Soxhlet apparatus	10			
6	TLC chamber and sprayer	10			
7	Distillation unit	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			
2	Oven	03			
3	Refrigerator	01			

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

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02			
2	Reflux flask and condenser single necked	20			
3	Reflux flask and condenser double / triple necked	20			
4	Burettes	100			
5	Arsenic Limit Test Apparatus	25			
6	Nessler's Cylinders	50			

**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	20			
2	Homogenizer	10			
3	Digital balance	05			
4	Microscopes	10			
5	Stage and eye piece micrometers	15			
6	Brookfield's viscometer	01			
7	Tray dryer	01			
8	Ball mill	01			

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

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

**Apparatus:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	20			
2	Stalagmometer	20			
3	Desiccator*	10			
4	Suppository moulds	20			
5	Buchner Funnels (Small, medium, large)	05 each			
6	Filtration assembly	01			
7	Permeability Cups	05			
8	Andreason's Pipette	05			
9	Lipstick moulds	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			
2	Lyophilizer (Desirable)	01			
3	Gel Electrophoresis (Vertical and Horizontal)	01			
4	Phase contrast/Trinocular Microscope	01			
5	Refrigerated Centrifuge	01			
6	Fermenters of different capacity (Desirable)	01			
7	Tissue culture station	01			
8	Laminar airflow unit	01			

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9	Diagnostic kits to identify infectious agents	01			
10	Rheometer	01			
11	Viscometer	01			
12	Micropipettes (single and multi channeled)	01 each			
13	Sonicator	01			
14	Respinometer	01			
15	BOD Incubator	01			
16	Paper Electrophoresis Unit	01			
17	Micro Centrifuge	01			
18	Incubator water bath	01			
19	Autoclave	01			
20	Refrigerator	01			
21	Filtration Assembly	01			
22	Digital pH meter	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			
2	Digital pH meter	01			
3	UV- Visible Spectrophotometer	01			
4	Flourimeter	01			
5	Digital Balance (1mg sensitivity)	01			
6	Nephelo Turbidity meter	01			
7	Flame Photometer	01			
8	Potentiometer	01			
9	Conductivity meter	01			
10	Fourier Transform Infra Red Spectrometer (Desirable)	01			
11	HPLC	01			
12	HPTLC (Desirable)	01			

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

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**Signature of the Inspectors**

**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

<b>. Signature of Inspectors:</b>	<b>1</b>

**2.**

**Note:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

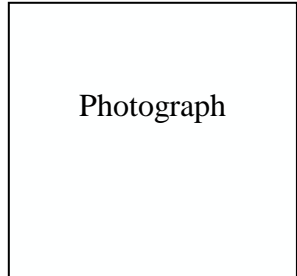
# **PHARMACY COUNCIL OF INDIA**

## **STAFF DECLARATION FORM**

From

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

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



Date of Birth & Age .....

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

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

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

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

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

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

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

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

Contd. on page 2

Permanent Residential

Address of employee : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

STD Code

Phone No.

Phone & Fax Number with Code      Office : \_\_\_\_\_

Residence : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Date of joining present institution : \_\_\_\_\_ as \_\_\_\_\_  
 (Designation)

Details of the previous appointments/teaching experience

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

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

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

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

	<b>Amount Received</b>	<b>TDS</b>
April, 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**

- I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
- 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 :





