

SCHEME FOR OBTAINING PERMISSION OF PHARMACY COUNCIL OF INDIA TO START PHARM.D. OR PHARM.D. AND PHARM.D. (POST BACCALUERATE) PROGRAMME

All applications under this scheme be submitted to the Secretary, Pharmacy Council of India, before the prescribed date mentioned in the schedule

1. Eligibility Criteria:

The following organizations shall be eligible to apply in the SIF for permission to start the Pharm.D., programme/s namely:

- a. A State Government / Union Territory
- b. A University
- c. A Registered Society under the Societies Registration Act

2. Qualifying Criteria:

Conditions to be fulfilled by person, institution, society or University to qualify to apply to PCI for permission to start Pharm.D. programme/s:

- a. The consent of Affiliation for the proposed Pharm.D. programme/s by the applicant from a University.
- b. No admission shall be made by the applicant to the proposed Pharm.D. programme/s without prior permission of the PCI.
- c. The applicant shall provide necessary additional infrastructural facilities as prescribed by the PCI under "Appendix – B" of Pharm.D. regulations for the starting of Pharm.D. programme/s. Opening of the Pharm.D. programme/s in a hired or rented building shall not be permitted.
- d. The applicant should have been approved under section 12 of the Pharmacy Act 1948 for the conduct of B.Pharm course.
- e. The applicant shall provide 300 bed hospital facility as prescribed under regulation 2) of "Appendix – B" of Pharm.D. regulations.

3. Form and Procedure:

- a. The applicant, subject to the fulfillment of above eligibility and qualifying criteria and also the requirements specified under the Pharm.D. regulations shall submit application in prescribed Standard Inspection Format (SIF) only, in triplicate to start the Pharm.D. programme/s to the Pharmacy Council of India.
- b. The SIF shall be submitted by the applicant either by Courier, Registered Post or in person to the Secretary, Pharmacy Council of India, New Delhi, along with a non-refundable application fee of Rs.2.00 lakhs in the form of Demand Draft in favour of „Pharmacy Council of India" payable at New Delhi. The said fee covers registration of application, technical scrutiny, contingent expenditure and two inspections.

Beyond two inspections, the normal inspection fee prescribed by council will apply as prescribed under para 4 of this scheme.

- c. The schedule for receipt of applications for the starting of Pharm.D programme and processing of applications by the Pharmacy Council of India is given in the para 6 of this scheme.
- d. The applications received by the Pharmacy Council of India will be registered in the council office for scrutiny. Registration of application will only signify the acceptance of the application for scrutiny. Incomplete applications will be rejected summarily without refund of application fee. The applicant may apply a fresh within the stipulated time alongwith the non-refundable application fee.
- e. The Council will scrutinize the application in the first instance in terms of the feasibility of starting the proposed programme/s at the said institution. While evaluating the application, the council may seek clarification or additional information from the applicant as deemed necessary and carry out physical inspection to verify the information supplied by the applicant.
- f. After examining the application and after conducting necessary physical inspections, the Council office shall submit to the Central Council factual report stating that:
 - i. The applicant fulfils the eligibility and qualifying criteria.
 - ii. The applicant has the necessary managerial and financial capabilities to establish the Pharm.D. programme.
 - iii. The applicant has a feasible and time bound programme for recruitment of faculty and staff as prescribed in the Pharm.D. regulations and that the necessary posts stand created.

- iv. The applicant has appointed staff for 1st year of Pharm.D., & 4th year of Pharm.D. (Post bacculearte) programme.
 - v. The applicant has not admitted students without prior permission of PCI.
 - vi. Deficiencies of any kind shall be pointed out indicating whether these are remediable or not.
- g. The Central Council may then permit/approve/reject the application for conduct of Pharm.D., Programme/s and accordingly issue letter in a time bound manner specifying annual targets to be achieved by the applicant during the following years, if permission/approval is granted.
- h. The recommendation of the Central Council shall be final.
- i. The permission to establish the Pharm.D., Programme will be given initially for a period of one year and will be renewed on yearly basis subject to verification of the achievements of annual targets. It is the responsibility of the institution to apply to the Pharmacy Council of India for purpose of renewal six month prior to the expiry of the initial permission. This process of renewal of permission will continue till such time the establishment of all infrastructural facilities and staff requirements prescribed in the Pharm.D. regulation are completed and approval under section 12 of the Pharmacy Act 1948 for the conduct of Pharm.D programme is granted to the institution.
- j. The Council may then extend the approval of Pharm.D., Programme under section 12 of Pharmacy Act 1948 conducted by the institution for a period 1/3/5 years as the case may be for which the institution shall apply to the Pharmacy Council of India six months prior to the expiry of approval held.
- k. The Council may obtain any other information from the institution as it deems necessary.

4. Fee Structure:

The fee structure prescribed for Pharm.D programme is as under -

<u>Detail</u>	<u>Amount</u>
1.Starting of Pharm.D programme (including fees for 2 inspections) to be submitted with the application	Rs.2,00,000
2.Yearwise approval and inspection fee	Rs.1,00,000
3.Approval under section 12 (including fees for two inspections)	Rs.2.00,000
4.Verification of compliance if any	Rs.1,00,000
5.Annual affiliation fee after approval under section 12	Rs. 50,000

5. Reapplication :

Wherever the Central Council has rejected the application of the applicant for the conduct of Pharm.D. programme/s the applicant may apply a fresh for the conduct of Pharm.D. programme/s in the ensuing year following the dates of submission etc., mentioned in the schedule under para 6 of this scheme.

6. Schedule for submission of application and processing **(See Announcement dt. 30.07.2018 on Home Page and under “Procedure for Approval”):**

Sl. No.	Stage of processing	last date
a.	Receipt of application	1 st August to 31 st August of the previous year.
b.	Completion of inspection	15 th December
c.	Approval of central council	31 st March
d.	EC/CC decision on website	30 th April

PHARMACY COUNCIL OF INDIA

STANDARD INSPECTION FORM

- PHARM.D
- PHARM.D. and PHARM.D (POST BACCALAUREATE)

General Information pertaining to :-

1. College and **teaching hospital** (Pharmacy Practice site)
2. Courses of Study leading to :-

Pharm D. course

Name of Institution :

Place and Address :

Principal/Dean

Tel. No. Off. Res. Fax

Mobile No. :

email :

Name and address of Affiliating University :

Date :

Signature of Dean/Principal

This form shall be precisely filled in, verified and signed by the Head/Principal, of the institution and forwarded in triplicate to the Secretary, Pharmacy Council of India. The entries should be as required under the PCI (Pharm.D.) regulations and norms.

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for

- Pharm. D. Programme

or

- Pharm.D. and Pharm. D. (Post Baccalaureate) Programmes

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

(SIF-D)

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 Applicant is for Pharm.D. <input type="checkbox"/> Pharm.D. and Pharm.D. (Post Baccalaureate) <input type="checkbox"/> (Tick the relevant Box)	
A – I. 2 Year of starting of the course	
A – I. 3 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	
A – I. 4 Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	
A – I. 5 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	

Signature of the Head of the Institution

Signature of the Inspectors

A – I .6 Name, Designation and Address of person to be contacted Name Designation Address STD Code Telephone No. Office Residence Mobile No. Fax No. E-Mail	
A – I .7 Name and Address of the Head of the Institution	
A – I .8 Name of the Examining Authority Complete Postal address: STD code Telephone No. Fax No. E-mail Website	

Signature of the Head of the Institution

Signature of the Inspectors

A – I.9

APPLICATION FOR INSTITUTION SEEKING APPROVAL FOR PHARM. D. ☐ OR PHARM. D. AND PHARM.D. (POST BACCALAUREATE) PROGRAMME ☐ (Tick appropriate box)

c. DETAILS OF INSPECTION/AFFILIATION FEE PAID

Name of the Course	Affiliation Fee/Inspection fee for/up to the year	D.D. No	Dated
(a) Pharm. D.	200 – 200		
(b) Pharm. D. Post Baccalaureate	200 – 200		

b. APPROVAL STATUS OF THE INSTITUTION

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

Note: Enclose relevant documents

A – I. 10

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. 10 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"/>
Any Other, please specify	<input type="checkbox"/>

A – I. 10 b

STATUS OF APPLICATION

Course	Intake	Remarks
	Permissible	Proposed Intake
Pharm. D.	30	
Pharm. D. (P.B)	10	

Signature of the Head of the Institution

Signature of the Inspectors

B - Details of the Institution

B –I .1 Name of the Principal/Head					
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		15 years in teaching or Research out of which 5 years should be as Professor.		
	PhD				

* Documentary evidence should be provided

B –I .2

For institution seeking extension of approval

Course	Date of last Inspection	Remarks of the last Inspection Report	Deficiencies rectified / Not rectified	Intake reduced/Stopped in the last 03 years*
(a) Pharm. D.				
(b) Pharm.D. Post Baccalaureate				

* Enclose Documents (write NA if not applicable)

B –I .3

Type of Institution	Government/Trust/Society/Individual/University
Details of the Governing Body	Enclosed / Not Enclosed
Minutes of the last Governing council Meeting	Enclosed / Not Enclosed

B –I .4 Pay Scales:

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

B –I .5 Co – Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)?	
NSS Programme Officer's Name	
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 –1.1 Resources and funding agencies (give complete list)

C –1.2 Please provide following Information

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

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land for the Pharmacy College : _____ _ acres
 - b. Building : **Own/Rented/Leased**
 - c. Land Details to be in the name of Trust and Society
 - i) Own – Records to be enclosed
Sale deed/relevant document : **Enclosed/Not available**
 - d. Building:
 - i) Approved Building plan, : **Enclosed/Not available**
 - e. Total Built up Area of the college building in Sq.mts : Built up Area
 - f. Amenities and Circulation Area in Sq.mts.
2. **Class rooms:**

Total Number of Class rooms available and number provided for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) Programme

Class	Required	Available Numbers	Required Area for each Class Room	Available Area in Sq.mts.	Remarks of the Inspectors
D.Pharm./B.Pharm.					
Pharm. D. *	2		90 Sq.mts. each (Desirable) 75 Sq.mts. each (Essential)		
Pharm. D. Post Baccalaureate					

(* To accommodate 30 students for Pharm D and 10 for Pharm. D. Post Baccalaureate)

3. **Laboratory requirement for both Pharm. D. or Pharm.D. and Pharm.D. (Post Baccalaureate) Programme ***

Sl. No.	Infrastructure for	Minimum requirement as per Norms	Available No. & Area in Sq.mts.	Remarks of the Inspectors
1	Laboratory Area (8 Labs)	75 Sq.mts. each		
2	- Pharmaceutics and Pharmacokinetics Lab - Life Science (Pharmacology, Physiology, Pathophysiology) - Phytochemistry or Pharmaceutical Chemistry - Pharmacy Practice	2 2 2 2		
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)		

* Yearwise requirement will be considered.

Signature of the Head of the Institution

Signature of the Inspectors

4	Area of the Machine Room	80-100 Sq.mts		
5	Central Instrument Room	80 Sq.mts with AC		
6	Store Room – I	1 (Area 100 Sq mts)		
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)		
8	Hospital with teaching facility – (Please tick)	300 bedded hospital. Tertiary Care Hospital desirable Medicine (Compulsory) (Any three of the below)		
a)	Own <input type="checkbox"/>			
b)	Teaching Hospital approved by MCI* or University * <input type="checkbox"/>			
c)	Govt. Hospital * <input type="checkbox"/>			
d)	Corporate type * <input type="checkbox"/>			
	* Attach a copy of MOU between institution & Hospital.	<ul style="list-style-type: none"> • Surgery • Pediatrics • Gynecology and Obstetrics • Psychiatry • Skin and VD • Orthopedics 		
9.	Deptt. of Pharmacy Practice/Clinical Pharmacy in Hospital	3 Sq.mts. per student		

[†] **The Institutions will not be permitted to run the above course in rented/leased building.**

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. All the laboratories should be provided with safety measures like fire safety, chemical exposure safety and bio safety.
4. The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
5. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
6. 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 of the Inspectors
				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					

Signature of the Head of the Institution

Signature of the Inspectors

5. Staff Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				No.	Area in Sq. mts	
1	HODs for Pharm. D. and Post Baccalaureate Programme	Minimum 4	20 Sq mts x 4			
2	Faculty Rooms for Pharm. D. and Pharm.D. Post Baccalaureate Programme		10 Sq mts x n (n=No of teachers)			

6. Museum, Library, Animal House [should have approval of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA)] and other Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				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	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants			

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks of the Inspectors
				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 (Essential)	01				

Signature of the Head of the Institution

Signature of the Inspectors

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room	100 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			

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks of the Inspectors
		No.	Area in Sq. mts		
Principal's quarter	120 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				
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:

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			
2	Annual addition of books		150 books per year			
3	Periodicals Hard copies / online		20 National 10 International periodicals			

Signature of the Head of the Institution

Signature of the Inspectors

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 (desirable)					
8	Library Timings					

10.B. Subject wise Classification of books available :

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmacy Practice			
2	Human Anatomy & Physiology			
3	Pharmaceutics (Dispensing & General Pharmacy)			
4	Pharmacognosy			
5	Pharmaceutical Organic Chemistry			
6	Pharmaceutical Inorganic Chemistry			
7	Pharmaceutical microbiology			
8	Pathophysiology			
9	Applied Biochemistry & Clinical Chemistry			
10	Pharmacology			
11	Pharmaceutical Jurisprudence			
12	Pharmaceutical Dosage Forms			
13.	Community Pharmacy			
14.	Clinical Pharmacy			
15.	Hospital Pharmacy			
16.	Pharmacotherapeutics			
17.	Pharmaceutical analysis			
18.	Medicinal Chemistry			
19.	Biology			
20.	Computer Science or Computer Application in pharmacy			
21	Mathematics/Statistics			

10.C. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	1		
2	Assistant Librarian	B. 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 → 30:1 and Practicals → 30:1) 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
Pharm. D.			
Pharm. D. Post Baccalaureate Programme			

2. Academic Calender

Proposed date of Commencement of session / sessions for
PHARM. D.:

Commencement	Completion
DD/MM/YY	DD/MM/YY

No of Days

No of Days

3. Vacation for PHARM. D. :

Summer:

Winter:

4. Total No. of working days for PHARM. D.:
(Requirement not less than 200 working days/year)

5. Date of Commencement of session for Pharm.D. Post Baccalaureate:

Commencement	Completion
DD/MM/YY	DD/MM/YY

No of Days

No of Days

6. Vacation for Pharm.D. Post Baccalaureate :

Summer:

Winter:

7. Total Number of working days for Pharm.D. Post Baccalaureate
(Requirement not less than 200 working days/year)

8. Time Table copy Enclosed: (Tick ✓)

a. Pharm. D. course

Yes

No

b. Pharm.D. Post Baccalaureate Course

Yes

No

Signature of the Head of the Institution

Signature of the Inspectors

10. Whether the prescribed numbers of classes per week are being conducted as per PCI norms.*

First year Pharm D:

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Human Anatomy and Physiology	3		3		1			
Pharmaceutics	2		3		1			
Medicinal Biochemistry	3		3		1			
Pharmaceutical Organic Chemistry	3		3		1			
Pharmaceutical Inorganic Chemistry	2		3		1			
Remedial Mathematics/ Biology	3		3**		1			
Total hours	16		18		6 = (40)			

* Write NA if not Applicable

** for Biology

Signature of the Head of the Institution

Signature of the Inspectors

Second Year Pharm D:

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pathophysiology	3		-		1			
Pharmaceutical Microbiology	3		3		1			
Pharmacognosy & Phytopharmaceuticals	3		3		1			
Pharmacology-I	3		-		1			
Community Pharmacy	2		-		1			
Pharmacotherapeutics-I	3		3		1			
Total Hours	17		9		6 = 32			

Signature of the Head of the Institution

Signature of the Inspectors

Third year Pharm D:

Subject 1	No of Theory Classes		Practicals		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pharmacology-II	3		3		1			
Pharmaceutical Analysis	3		3		1			
Pharmacotherapeutics-II	3		3		1			
Pharmaceutical Jurisprudence	2		-		-			
Medicinal Chemistry	3		3		1			
Pharmaceutical Formulations	2		3		1			
Total hours	16		15		5 = 36			

Signature of the Head of the Institution

Signature of the Inspectors

Fourth year Pharm D:

Subject 1	No of Theory Classes		No. of Hours of Practical/Hospital Posting		Tutorials		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Pharmacotherapeutics-III	3		3		1			
Hospital Pharmacy	2		3		1			
Clinical Pharmacy	3		3		1			
Biostatistics & Research Methodology	2		-		1			
Biopharmaceutics & Pharmacokinetics	3		3		1			
Clinical Toxicology	2		-		1			
Total hours	15		12		6 = 33			

Signature of the Head of the Institution

Signature of the Inspectors

Fifth year Pharm D:

Subject 1	No of Theory Classes		No. of Hours of Hospital Posting *		Seminars		Total No. of classes conducted No. of classes x hours per class	Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hrs 4	No of Hours Conducted 5	Prescribed No of Hrs 6	No of Hours Conducted 7		
Clinical Research	3		-		1			
Pharmacoepidemiology and Pharmacoeconomics	3		-		1			
Clinical Pharmacokinetics & Pharmacotherapeutic Drug Monitoring	2		-		1			
Clerkship *	-		-		1			
Project work (Six Months)	-		20		=			
Total hours	8		20		4 = 32			

* Attending ward rounds on daily basis.

11. Work load of Faculty members for Pharm. D. and Pharm.D. Post Baccalaureate

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

Signature of the Head of the Institution

Signature of the Inspectors

12. Work load of Faculty members per week for Pharm.D.

Sl. No	Name of the Faculty	Subjects taught	Pharm. D.										Pharm.D.	Total work load	Remarks of the Inspector
			I		II		III		IV		V				
			Th	Pr	Th	Pr	Th	Pr	Th	Pr	Th	Pr			

13. Workload of Faculty members per week for Pharm.D. and Pharm.D. (Post Baccalaureate)

Sl. No	Name of the Faculty	Subjects taught	Pharm.D. and Pharm.D. (Post Baccalaureate)						Total work load	Remarks of the Inspector
			I		II		III			
			Th	Pr	Th	Pr	Th	Pr		

14. 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			

15. Whether Professional Society Activities are Conducted (Enclose details)

Yes	No
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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 available with the institution for teaching for D.Pharm., B.Pharm. and M.Pharm. Courses 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

2. Details of Teaching Faculty exclusively available teaching for Pharm. D. 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

3. Details of Teaching Faculty available for teaching for Pharm. D. and Pharm.D. (Post Baccalaureate) 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			

4. Qualification and number of Staff Members

Qualification							
B. Pharm		M. Pharm		PhD		Others	
							Part Time

Signature of the Head of the Institution

Signature of the Inspectors

5. Staff Pattern for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) courses department wise for full duration of course/courses*: :

Professor: Asst. Professor: Lecturer

Department/Division	Name of the post	No. Required	Provided by the institution	Remarks of the Inspectors
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	1		
Department of Pharmacy Practice	Professor	1		
	Asst. Professor	2		
	Lecturer	3		

* Yearwise availability will be assessed.

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Signature of the Inspectors

6. 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

7. Details of Faculty Retention for:

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

8. Details of Faculty Turnover

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

9. Number of Non-teaching staff available for Pharm. D. or Pharm.D. and Pharm.D (Post Baccalaureate course) for full duration of course/courses*.

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspectors
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm			
2	Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	SSLC			
3	Office Superintendent	1	Degree			
4	Accountant	1	Degree			
5	Store keeper	1	D.Pharm or a Bachelor degree recognized by a University or institution.			
6	Computer Data Operator	1	BCA or Graduate with Computer Course			

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Signature of the Inspectors

7	Office Staff I	1	Degree			
8	Office Staff II	2	Degree			
9.	Peon	2	SSLC			
10	Cleaning personnel	Adequate	---			
11	Gardener	Adequate	---			

- Inspectors to verify whether the Non teaching staff requirements for D.Pharm., B.Pharm. and M.Pharm. courses conducted by the institution are complied with or not.

* Yearwise availability will be assessed.

Signature of the Head of the Institution

Signature of the Inspectors

10. 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					

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

13. Scope for the promotion for faculty: Promotions

Yes

No

14. Gratuity Provided

Yes

No

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

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

18. 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)**

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	

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			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

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			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:

Sl 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			Books			Books			
2	Journals			Journals			Journals			

*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 Pharm.D. and Pharm.D. Post Baccalaureate

A. DEPARTMENT OF PHARMACOLOGY :

I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15			
2	Haemocytometer with Micropipettes	20			
3	Sahli's haemocytometer	20			
4	Hutchinson's spirometer	01			
5	Spygmomanometer	05			
6	Stethoscope	05			
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			

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Signature of the Inspectors

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 or Polyrite	10			
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			

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Signature of the Inspectors

II. Apparatus:

S.No	Name	Minimum required Nos.	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.

B. DEPARTMENT OF PHARMACOGNOSY :

I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15			
2	Digital Balance	02			
3	Autoclave	02			
4	Hot air oven	02			
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	15			
13	Eye piece micrometer	15			
14	Incinerator	01			
15	Moisture balance	01			

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16	Heating mantle	15			
17	Flourimeter	01			
18	Vacuum pump	02			
19	Micropipettes (Single and multi channeled)	02			
20	Micro Centrifuge	01			
21	Projection Microscope	01			

II. Apparatus:

S.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.

C. DEPARTMENT OF PHARMACEUTICAL CHEMISTRY :

I. Equipment:

S.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05			
2	Oven	03			
3	Refrigerator	01			
4	Analytical Balances for demonstration	05			

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5	Digital balance 10mg sensitivity	10			
6	Digital Balance (1 mg 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			

II. Apparatus:

S.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	40			
5	Arsenic Limit Test Apparatus	20			
6	Nessler's Cylinders	40			

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

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D.DEPARTMENT OF PHARMACEUTICS :**I. Equipment:**

S.No	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	10			
2	Homogenizer	05			
3	Digital balance	05			
4	Microscopes	05			
5	Stage and eye piece micrometers	05			
6	Brookfield's viscometer	01			
7	Tray dryer	01			
8	Ball mill	01			
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	01			
21	Tablet dissolution test apparatus IP	01			
22	Monsanto's hardness tester	01			
23	Pfizer type hardness tester	01			

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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			
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			

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II. Apparatus:

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

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

E. DEPARTMENT OF PHARMACEUTICAL BIOTECHNOLOGY:

S.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			
9	Diagnostic kits to identify infectious agents	01			

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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.

F. DEPARTMENT OF PHARMACY PRACTICE :

Equipment:

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

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

NOTE:

1. Computers and Internet connection (Broadband), six computers for students with internet and staff computers as required.
2. Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and the department.

G.CENTRAL INSTRUMENTATION ROOM:

S.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			

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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			
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			

Signature of the Head of the Institution

Signature of the Inspectors

H. Hospital Requirements for running Pharm D or Pharm.D. and Pharm.D. (Post Baccalaureate) courses : -

Hospital Details

S.No.	Name/ Infrastructure	Minimum required Nos.	Provided	Remarks of the Inspectors
1	Hospital* with teaching facility Minimum 300 bedded Hospital	<u>Nature of Hospital</u> - Own - Teaching hospital recognised by MCI or University - Govt. Hospital not below the level of district Hospital - Corporate Hospital	<input type="text"/> <input type="text"/> <input type="text"/>	
2	Place for Pharmacy Practice Department ⁺	Minimum carpet area of 3 sq.mts. per student along with consent to provide the professional manpower to support the programme.		
3	Available specialties ⁺⁺	Medicine (Compulsory) (Any three of the following) <ul style="list-style-type: none"> • Surgery • Pediatrics • Gynecology and Obstetrics • Psychiatry • Skin and VD • Orthopedics 	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4	Location of the Hospital Give details.	Within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty		

* Approval letter of the Hospital Authority to be annexed alongwith MOU.

⁺ Inspectors are required to personally verify the space provided at the hospital and meet the hospital administrators for interaction.

⁺⁺ to be certified by the Dean/Director/Medical Supdt. of the hospital.

Signature of the Head of the Institution

Signature of the Inspectors

Unit wise Medical Staff:

Unit _____

Bed strength _____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	UG/PG QUALIFICATION			Experience Date wise teaching/Professional experience with designation & Institution				
				Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period

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Signature of the Inspectors

Other Ancillary staff available.

- Epidemiologist
- Statistician
- Physiotherapies

Available Clinical Material:

- Average daily OPD.
- Average daily IPD.
- Average daily bed occupancy rate:
- Average daily operations: Major Minor
- Year-wise available clinical materials (during previous three years).

Intensive Care facilities

I. ICU

- No. of beds
- Equipment
- Average bed occupancy

II. ICCU

- No. of beds
- Equipment
- Average bed occupancy

III. NICU

- No. of Beds
- Equipment
- Average bed occupancy

IV. PICU

- No. of beds
- Equipment
- Average bed occupancy

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V. Dialysis

- No. of beds
- Equipment
- Average bed occupancy

Specialty clinics and services being provided by the department.

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Details for Pharm.D. student and faculty.

A. Accommodation

Faculty	Area in Sq. mtr.
Pharmacy Practice Area	
Dispensary	
Drug Information Centre	
Computer/Internet facility	

B. Library – Departmental Library standard text and references Indexing and Abstracting services for DI services should be included as separate annexure.

C. Pharmacy Practice staff details at the hospital –

Name	Qualification	Signature of Faculty

Signature of the Head of the Institution

Signature of the Inspectors

STANDARD INSPECTION FORM (Pharm.D.)**TEACHING PROGRAMME/INTERNSHIP PROGRAMME.**

1. Prescribed mode of admission to Scheduled Pharm.D. Course.

2. Academic Activities, please mention the frequency with which each activity is held.

- Case presentation.

- Journal

- Club. •

Seminar

- Subject

- Review •

ADR meeting

- Lectures (separately held for Pharm.D students)

- Guest lectures

- Video

- film •

Others.

3. Log book of Pharm.D. students: Maintained/ Not maintained.

4. Whether Pharm.D. students participate in bedside counselling or not ?

Summary of Inspection report – (check list) to be completed by the Inspector.

Date of inspection:-

Name of Inspector:-

1	Name of the institution	Name and other particulars of Institution (Principal/Head)	
			Qualification detail.
			Experience: Adequate/Inadequate
			Age

Signature of the Head of the Institution

Signature of the Inspectors

2	Name of the institution	Name and other particulars of Institution (Principal/Head)			
			Qualification detail.		
			Experience: Adequate/Inadequate		
			Age		
3	Date of last inspection of the institution :				
	Number of admission at B.Pharm.				
	Staff position for B.Pharm.		Sufficient/Insufficient		
	Other deficiency, if any		Yes/No		
4	Total Teachers in the Pharmacy Practice Department (with requisite qualifications & Experience)				
	Designation	Number	Name	Total Experience	
	Professors				
	Asst. Professors				
	Lecturers				
<ul style="list-style-type: none"> - All teachers should be physically identified. - Detailed proforma (with photograph affixed) in respect of every teacher must be obtained signed by the concerned teacher, HOD and Head of institution - To ensure that staff is full time, paid and not working in any other institution simultaneously. 					
5	Requisite important information of the Hospital				
	Number of department in the Hospital				
	Teaching complement in each Dept.			Full/Partial	
	Total number of beds Dept. wise				
	Instruments and other expected facilities			Adequate/Inadequate	
	Bed side teaching			Yes/No	
	Laboratory Technician			Number and Names	
	Department Research Laboratory			Yes/No	
	Departmental Library – Book/Journals			Adequate/Inadequate	
	Central Library – Books/Journals pertaining to the department				
	6	Space for Pharmacy Practice Department at the Hospital			Adequate/Inadequate
		Indoor wards(Units/Department) & OPD space			Adequate/Inadequate
		Offices for Faculty members			Adequate/Inadequate
		Class Rooms and seminar rooms			Adequate/Inadequate
	Dept. Library in the hospital supporting Drug Information Services				
7	Clinical Material			Adequate/Inadequate	
8	No of publications from the department during 3 years				
9	Examination conduct			As per norms of PCI/Not as per norms of PCI	
	Standard of Examination			Satisfactory/Not satisfactory	

Signature of the Head of the Institution

Signature of the Inspectors

10	Year-wise number of Pharm.D students admitted and available staff during the last 5 years	Year	No. of Pharm.D students admitted	No. of staff available
	2008			
	2009			
	2010			
	2011			
	2012			
11	Other relevant facilities in the Institution			

12. **Specific remarks if any by the Inspector:** (No recommendations regarding permission/recognition be made) Give factual position only).

Signature of the Inspector

Note : Specific mention of required facilities as per PCI norms and commensurate with the degree under consideration must be made specifying whether these are Available/Not available.

Compliance of deficiencies reflected in last Inspection Report
Specific observations if not rectified

Observation of the Inspectors:

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

Name of the College : _____

Date of Inspection : _____

STAFF DECLARATION FORM – 2008 – 2009.

1.(a) Name.....

1.(b) Date of Birth & Age Photograph

1.(c) Recent Passport size photo of the Employee
Signed by Dean / Principal of the college.

1.(d) Submit Photo ID proof issued by Govt. Authorities :

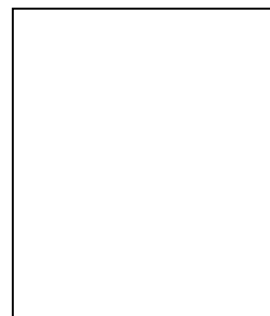


Photo ID submitted :Passport copy / Driving Licence / PAN Card / Voter ID/MCI Smart ID Card/State Pharmacy Council ID.

Number Issued by Photograph

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation:_____

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department_____

1.(e) iii. College: _____

1.(e) iv. City: _____

1.(e) v. Nature of appointment: Permanent / Temporary / Adhoc / Honorary / Part-time

1.(e) vi. Whether belongs to : SC / ST / OBC / Ex-service / Others.

1.(f) Residential Address of employee :

1.(g) **Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: _____

Residence: _____

E-mail address: _____

Mobile Number : _____

1.(i) Date of joining present institution : _____ as _____

1.(i)a Joining report at the present institute attached.

2. Qualifications :

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm				
M.Pharm				
Ph.D.				

2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer					
Assistant Professor					
Associate Professor					
Professor					

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

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part-time.

Signature of the Head of the Institution

Signature of the Inspectors

5. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals:_____

5.(b) National Journals:_____

5.(c) State/Other Journals:_____

6. Number of Research Projects on hand:_____

7.(a) I am having PAN Card and my PAN No. is _____/ I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

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

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year_____are attached)

Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from October 2007 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted alongwith the declaration form, by the undersigned are absolutely true, correct and authentic. 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 Pharmacy Register).

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.

I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.

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.

Date:

Place:

Countersigned by the
Director/Dean/Principal

Remarks

S.No	Documents	Submitted
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
1.(d)	Photo ID proof issued by Govt. Authorities : Passport / Driving Licence / PAN Card / Voter ID/PCI Smart ID Card/State Pharmacy Council ID	Yes / No
1.(e)(i)a	Certified copies of present appointment order at present institute.	Yes/No
1.(g)	Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.	Yes / No
1.(i)a	Joining report at the present institute.	Yes/No
2.	Copies of Degree certificates B.Pharm./M.Pharm./Ph.D.	Yes / No
3.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
4.(a)	Relieving order from the previous institution.	Yes / No
7.(a)	PAN Card	Yes / No
7.(c)	Form 16 (TDS certificate) for financial year 2006-2007	Yes / No

Signed by the Teacher :**Countersigned by Dean / Principal.****Date :****Date :****Signed by the Inspector :****Date :****NOTE :**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors

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PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

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

Photograph

Date of Birth & Age

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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

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

Contd. on page 2

Permanent Residential

Address of employee : _____

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

STD Code

Phone No.

Phone & Fax Number
with Code

Office : _____

Residence : _____

E-mail address : _____

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

Details of the previous appointments/teaching experience

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

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

	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

- 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

