

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions for starting of 1st year B. Pharm course as per the Bachelor of Pharmacy (B.Pharm) Course Regulations 2014

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

(SIF-B-2)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS) 2.

PART – I

A - GENERAL INFORMATION

A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	School of Pharmacy Career Point University, Hamirpur Tikker (Kharwarian) Tehsil : Bhoranj District : Hamirpur (Himachal Pradesh) PIN : 176041 01972-269701,702,703 08261001311 info@cpuniverse.in
Year of starting of the course	Degree 2017
Status of the course conducting body: Government /University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private University Enclosed (ANNEXURE I)
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Gopi Bai Foundation Trust, 112 Shakti Nagar, Kota (Rajasthan)- 324005 Enclosed 0744 23040000 23040050 info@cpuniverse.in www.cpuh.in (ANNEXURE II)
A – I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Dr Sanjeev Sharma, Registrar Career Point University, Hamirpur (H.P.) -176041 01972 269701, 269702, 269703 08261001311 info@cpuniverse.in registrar@cpuh.in
– I.4 Name Address of the Head of the Institution	Professor (Dr.) P.L. Gautam, Vice Chancellor Career point University, Hamirpur (H.P.)- 176041

Signature of the Head of the Institution

Signature of the Inspectors

A – I.5**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL (-NA-)**

New Establishment

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 (-NA-) New Establishment

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

c. STATUS OF APPLICATION (-NA-) New Establishment

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

Note: Enclose relevant documents (NA) New Establishment**A – I. 6**

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the Same Building / campus? If yes, give status

Yes No

A – I. 6 a

Status of the Pharmacy Course:	
Independent Building	<input type="checkbox"/> No
Wing of another college	<input type="checkbox"/> No
Separate Campus	<input type="checkbox"/> No
Multi Institutional Campus	<input type="checkbox"/> Yes

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

For Degree course
Registrar
Career Point University,
Hamirpur (H.P.) -176041

B - Details of the Institution

B-I.1		Dr. Manish Jamini		
Name of the Principal				
Qualification/ Experience	Qualification*		Teaching Experience	Actual
			Required	experience
	M. Pharm		15 years, out of which 5 years as Prof. / HOD	12 years 8 months (Documents Enclosed (ANNEXURE IV))
PhD	YES	10 years, out of which at least 05 years as Asst. Prof		
Remarks of the Inspectors				

* Documentary evidence should be provided (Annexure IV)

B-I.2 For institution seeking continuation of affiliation – (-NA-) New Establishment

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

* Enclose Documents (NA)

B-I.3

Status of Governing Council:	University
Details of the Governing Body	Enclosed (Annexure V)
Minutes of the last Governing council Meeting	Enclosed (Annexure VI)

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

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	UGC Yes	Yes	Yes	Yes	
Non-Teaching Staff	UGC Yes	Yes	Yes	Yes	

B-I.5**B. Pharm Course: Admission statement for the past three years (-NA-) New Establishment**

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

B – I .6**Academic information: Percentage of B. Pharm results for the past three years based on University****Calendar:****(-NA-) New Establishment**

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
	NA		

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

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Ms. Jyoti Thakur/ Mr Rahul Jamwal
Programme conducted (mention details)	Swachha Bharat Abhiyan, (Documents Enclosed as Annexure VII)
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available
Sports Ground	Available

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

C.2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	NA NA	CAPITAL EXPENDITURE			
2.	Tuition Fee	21307434.00	1.	Building	196550883.00	
3.	Library Fee	NA	2.	Equipment	13285275.00	
4.	Sports Fee	NA	3.	Others	41200816.00	
5.	Union Fee	NA	REVENUE EXPENDITURE			
6.	Others	60000.00	1	Salary	19046540.00	
			2.	MAINTENANCE EXPENDITURE		
				i	College	725000.00
				ii	Others	0.0
			3.	University Fee (If any)	0.0	
			4.	Apex Bodies Fee	0.0	
			5.	Government Fee	0.0	
			6.	Deposit held by the College	50000000.00	
			7.	Others	0	
			8.	Misc. Expenditure	200000.00	
			Total		50925000.00	
	Total	21367434.00				

Note: Enclose relevant documents (Enclosed as Annexure VIII)

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B.Pharm courses) : Available (25 acres)

a.) 2.5 acres District HQ/Corporation/Municipality limit

b) 0.5 acre for City / Metros

b. Building[†] : Own

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

i) Own – Records to be enclosed Sale Deed : Enclosed (ANNEXURE IX)

d. Building

i) Approved Building plan, sale deed to be enclosed) : Enclosed (ANNEXURE X)

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

Built up area: 10505.12

Amenities and circulation area: 5796.46

2. Class Rooms

Total Number of Class rooms provided for B. Pharm

Class	Required	Available Numbers	Required Area * for each Class Room	Available Area in Sq. mts	Remarks of the Inspectors
B.Pharm	04	04	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	4x80= 320	

(* To accommodate 60 students)

3. Laboratory requirement for B. Pharm

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B. Pharm Course (10 Labs)	90 Sq .mts x n (n=10) - Including Preparation room- Desirable 75 Sq. mts - Essential	10*95=950.0	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (including Aseptic Room) Total no. of laboratories for B.Pharm, Course	03 Laboratories 03 laboratories 01 laboratories 03 laboratories 02 laboratories 01 laboratories 13 laboratories*	03 03 01 03 02 01 13laboratories*	
3	Preparation Room for each lab (One room can be shared	10 sq mts (Minimum)	10 sq. mts. each	

Signature of the Head of the Institution

Signature of the Inspectors

	by two labs, if it is in between two labs)			
4	Area of the Machine Room	80-100 Sq.mts	100 sq mts	
5	Central Instrument Room	80 Sq.mts with A/ C	85 sq mts	
6	Store Room – I	1 (Area 100 Sq mts)	100 sq mts	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	30 sq mts	

*No. of laboratories required for entire course of 4 years.

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

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

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	1	40	
2	Office – I – Establishment	01	60 Sq. mts	1	65	
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	4	20*1 20*1 20*1 20*1	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	12*6	72	

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	Available		
2	Library	01	150 Sq. mts	01	155.6	

Signature of the Head of the Institution

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3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01(280 Seating capacity)	789.67	
5	Seminar Hall	01			Yes	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	100	

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	60 Sqmts	1	65	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	65	
3	Toilet Blocks for Boys	01	24 Sq.mts	2	30	
4	Toilet Blocks for Girls	01	24 Sq.mts	2	30	
5	Drinking Water facility – Water cooler (Essential).	01	-	2		
6	Boy's Hostel (Desirable)	01	9 Sq mts/ Room Single occupancy	1	>9 sq mts Single room	
7	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	1	>9 sq mts (Single room) > 20sq. mts (triple room)	
8	Power Backup Provision (Desirable)	01	Available	1		

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	90	

Signature of the Head of the Institution

Signature of the Inspectors

Computer (Latest configuration)	1 system for every 10 students (UG & PG)	30 (UG only)	NA	
Printers	1 printer for every 10 computers	10	NA	
Multi Media Projector	01	1	NA	
Generator (11 KVA)	01	2	NA	

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	0		Proposed	
Staff quarters	16 x 80 Sq mts	0		Proposed	
Canteen	100 Sq. mts	1	200	Available	
Parking Area for staff and Students		1	1500	Available	
Bank Extension Counter		1	20	Available	
Co operative Stores		1	30	Available	
Guest House	80 Sq. mts	1	80	Available	
Auditorium		1	400	Available	
Seminar Hall		1	100	Available	
Transport Facilities for Students		4		Available	
Medical Facility (First Aid)		1		Available	

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	155	1510	
2	Annual addition of Books		150 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals	10 + 5		
4	CDS		Adequate Nos	Available		
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Available	60	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available Available Available	1 1 1	

Signature of the Head of the Institution

Signature of the Inspectors

7	Library Automation and Computerized System	YES (Document Enclosed as ANNEXURE XI)
8	Library Timings	8:00 A.M. to 5:00P.M.

10. B. Subject wise Classification: (Total Books available 1510, Titles available 155)

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	18	160	
2	Pharmaceutical Chemistry – I	16	150	
3	Pharmacognosy	16	150	
4	Biochemistry and Clinical Pathology	15	150	
5	Human Anatomy and Physiology	15	150	
6	Health Education and Community Pharmacy	15	150	
7	Pharmaceutics – II	2	20	
8	Pharmaceutical Chemistry – II	2	20	
9	Pharmacology and Toxicology	2	20	
10	Pharmaceutical Jurisprudence	2	20	
11	Drug Store and Business Management	2	20	
12	Hospital and Clinical Pharmacy	2	20	

10.C. Library Staff: (Documents Enclosed as ANNEXURE XII)

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

PART III ACADEMIC REQUIREMENTS

Course Curriculum

1. Students Staff ratio :

Class	Theory	Practical's	Remarks of the Inspectors
B.Pharm	60:1	20:1	

2. Scheme of B.Pharm Course. Semester

3. Date of commencement of session/sessions - NA

4. Vacation : Summer/Winter : NA

5. Total No. of working days : NA

6. Time Table : NA

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

I B. Parma

Subject	No of theory classes		Practical's			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of hrs	No of hrs conducted	No of classes conducted to fulfill prescribed No of hrs	
			-			

II B. Parma

Subject	No of theory classes		Practical's			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of hrs	No of hrs conducted	No of classes conducted to fulfill prescribed No of hrs	
			-			

III B. Parma

Subject	No of theory classes		Practical's			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of hrs	No of hrs conducted	No of classes conducted to fulfill prescribed No of hrs	
			-			

IV B. Parma

Subject	No of theory classes		Practical's			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of hrs	No of hrs conducted	No of classes conducted to fulfill prescribed No of hrs	
			-			

8. Whether tutorials are being conducted (if any as per university norms) NA

9. Number of Guest Lectures/Seminars/Workshops/Symposia/Presentations conducted during the last three years. NA

A.

Name of Event	Year	Year	Year
Guest Lectures	-		
Seminars			
Workshops			
Symposia			

B. Papers presented/published during the last three years - NA

Papers	Year		Year		Year	
	National	International	National	International	National	International
Published						
Printed						

10. Whether Internal Assessments are conducted periodically as per University norms - NA

Yes

No

Class	I Sessional Dates	Sessional Dates	Sessional Dates	Remarks of the Inspector
I B.Pharm				
II B.Pharm				
I IIB.Pharm				
I VB.Pharm				

11. Whether Evaluation of the Internal Assessment is Fair
NA

Yes

No

Class	No of candidates scored more than 80%	No of candidates scored between 60 to 80%	No of candidates scored between 50 to 60%	No of candidates scored less than 50%	Remarks of the Inspector
I B.Pharm					
II B.Pharm					
I IIB.Pharm					
I VB.Pharm					

12. Work load of faculty members for B.Pharm NA

Sl. No	Name of faculty	Subjects taught	B.Pharm		Total work load	Specific remains of the Inspection
			Th	Pr		

13. Percentage of students qualified in GATE in the last three years NA

Details	Year	Year	Year
No of students appeared			
No of students qualified			
Percentage			

14. Whether the Institution has an Industry – Institution Interaction Cell
If applicable please give the details for previous year

Yes

No

No. of Industrial visits	
Industrial Tour	

Industrial Training	
No of resource persons from the Industry for Guest Lectures	
No of Collaboration projects with Industry	

15. Percentage of students placed through the college placement cell in the last three years NA

Year	Year	Year	Year
No of students appeared for campus interview			
%			

16. Whether Professional Society Activities are conducted Yes No
 Enclose details (ISTE, IPA, APTI, ICTA and related societies)

PART IV- PERSONAL

TEACHING STAFF:

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

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

2. Qualification and number of staff Members

Qualification		
M.Pharm	Ph.D	Others – Full Time

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

	No. of staff required for I *B.Pharm	Available	No. of staff required for II *B.Pharm	Available	No. of staff required for III *B.Pharm	Available	No. of staff required for IV *B.Pharm	Available
Principal	1	1	1		1		1	
Pharmaceutical Chemistry	1	1	2		3		4	
Pharmaceutical Analysis	1	1	--		-		1	
Pharmacology	1	1	2		3		4	
Pharmacognosy	1	1	2		3		3	
Pharmaceutical	1	1	2		3		4	
Total	6	6	9		13		17	
Part time Teaching Staff	3	3						
Remarks of the Inspection Team								

***Part time Teaching Staff for Mathematics, Biology and Computer Science can be appointed.**

Ratio of staff - Prof. (2) Asst. Prof. (2): Lecturer (2)

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

Professor: Assistant : Professor: Lecturer

Department / Division	Name of the Post	For strength of 60 students	Provided by the institution	Remarks of inspection
Department of Pharmaceutical	Professor	1	1 Professor	
	Asst. Professor	1	1 Asst. Professor	
	Lecturer	2		
Department of Pharmaceutical Chemistry(Including Pharmaceutical Analysis)	Professor	1	1 Associate Prof (Chemistry)	
	Asst. Professor	1		
	Lecturer	3	1 Asst. Professor	
Department of Pharmacology	Professor	1	1 Asst. Professor	
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmacognosy	Professor	1	1 Asst. Professor	
	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 Lecturer 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				

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

SI No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D.Pharm	2	D.Pharm	
2	Laboratory Assistant / Attenders	1 for each Lab(Minimum)	SSLC	2	10+2	
3	Office Superintendent	1	Degree	1	BA	
4	Accountant	1	Degree	1	B.Com	
5	Store keeper		D.Pharm/Degree	1	BA	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	BCA	
7	Office Staff I	1	Degree			
8	Office Staff II	2	Degree			
9	Peon	2	SSLC	2	10 th	
10	Cleaning personnel		---		Available	
11	Gardener		---	2	8 th	

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

Sl. No.	Name	Qualification	Designation	Basic Pay	DA	HRA	CCA	Others Allces	Deductions	Bank A/C	PAN	EPF A/C	Total	Signature

10. Whether facilities for Research/higher studies are provided to the faculty?
(Inspector to verify documents pertaining to the above) Yes Yes

11. Whether faculty members are allowed to attend workshops and seminars?
(Inspector 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) Attached

Sl.No	Name	Designation	Qualification	Date of Joining	Experience	Remarks of the Inspector

15. Whether Supporting Staff (Technical and Administrative) are encouraged for skill upgradation programme : Yes ~~No~~

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.	Students 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	√		

PART - VI

1. Financial Resource allocation and utilization for the past three years: NA (New Institution)
(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 Recurring	Total Budget Sanctioned	Recurring	Non Recurring	

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 Sanctioned	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			

4. Total amount spent on Books and Journals for the past three years: NA (New Institution)

(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	
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 B. Pharmacy (for a batch of 20 students)

DEPARTMENT OF PHARMACY

Equipment:

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

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

Apparatus:

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

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

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl.No.	Name	Minimum required No.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	15	Yes	
2	Digital balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	
5	B.O.D incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	15	15	Yes	
13	Eye piece micrometer	15	15	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	15	15	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (single and multi channelled)	02	02	Yes	
20	Micro Centrifuge	01	01	Yes	
21	Projection Microscope	01	01	Yes	

Apparatus:

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

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY**Equipment:**

Sl. No.	Name	Minimum required No.	Available Nos	Working (Yes/No)	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	03	Yes	
3	Refrigerators	01	01	Yes	
4	Analytical Balances for demonstration	05	05	Yes	
5	Digital balance 10 mg sensitivity	10	10	Yes	
6	Digital balance 1 mg sensitivity	01	01	Yes	
7	Suction Pumps	06	06	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	10	Yes	
10	Magnetic Stirrers with Thermostat	10	10	Yes	
11	Vacuum Pump	01	01	Yes	
12	Digital pH Meter	01	01	Yes	
13	Microwave Oven	02	02	Yes	

Apparatus

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

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum required No.	Available Nos	Working (Yes/No)	Remarks of the Inspectors
1	Mechanical stirrers	10	10	Yes	
2	Homogenizer	05	05	Yes	
3	Digital balance	05	05	Yes	
4	Microscopes	05	05	Yes	
5	Stage and eye piece micrometers	05	05	Yes	
6	Brookfields viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	
9	Sieve	01	01	Yes	
10	Double cone blender	01	01	Yes	
11	Propeller type mechanical agitator	05	05	Yes	
12	Autoclave	01		Yes	

13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard Sieves	10 sets	10 sets	Yes	
16	Tablet punching machine	01	01	Yes	
17	Capsule filling machine	01	01	Yes	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule washing machine	01	01	Yes	
20	Tablet disintegration test apparatus IP	01	01	Yes	
21	Tablet dissolution test apparatus IP	01	01	Yes	
22	Monsanto's hardness tester	01	01	Yes	
23	Pfizer type harness tester	01	01	Yes	
24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	01	Yes	
26	Ointment filling machine	01	01	Yes	
27	Collapsible tube crimping machine	01	01	Yes	
28	Tablet coating pan	01	01	Yes	
29	Magnetic stirrer	5 each	5 each	Yes	
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01	01	Yes	
32	Aseptic Cabinet	01	01	Yes	
33	BOD Cabinet	01	01	Yes	
34	Bottle washing machine	01	01	Yes	
35	Bottle sealing machine	01	01	Yes	
36	Bulk density apparatus	02	02	Yes	
37	Conical Percolator	10	10	Yes	
38	Capsule Counter	02	02	Yes	
39	Energy meter	02	02	Yes	
40	Hot Plate	02	02	Yes	
41	Humidity Control Oven	01	01	Yes	
42	Liquid Filling Machine	01	01	Yes	
43	Mechanical stirrer with speed regulator	02	02	Yes	

44	Precision Melting point Apparatus	01	Yes		
45	Distillation Unit	01	Yes		

Apparatus

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

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PHARMACEUTICAL BIOTECHNOLOGY

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

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

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CENTRAL INSTRUMENTATION ROOM:

Sl.No.	Name	Minimum required Nos	Available Nos.	Working Yes/No	Remarks of the Inspector
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Flourimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	01	Yes	
7	Flame Photometer	01	01	Yes	

8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer(Desirable)	01	01	Yes	
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01	01	Yes	
13	Atomic Absorption and Emission spectrophotometer(Desirable)	01	01	Yes	
14	Biochemistry Analyzer(Desirable)	01	01	Yes	
15	Carbon, Hydrogen, Nitrogen Analyzer(Desirable)	01	01	Yes	
16	Deep Freezer(Desirable)	01	01	Yes	

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors
Specific observation if not complied

Signature of Inspectors:	1.
	2.

Note:

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

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

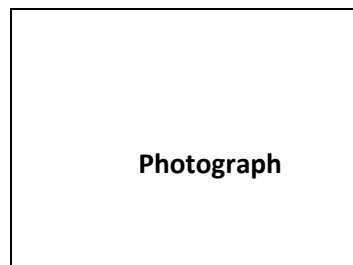
Teacher's Name

(as on University Degree Certificate)

Recent Passport size photo of the Employee

Signed by Dean/Principal of the College.

Date of Birth & Age.....



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

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

Present Designation

: _____

Department

: _____

College :

City : _____

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

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

Permanent Residential

Address of employee

: _____

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

STD Code

Phone No.

Phone & Fax Number

Office : _____

Residence _____

E-mail : _____

Date of joining present institution _____ **as** _____

(Designation)

Details of the previous appointment/teaching experience

Position	Name of the 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:

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

Month	Amount Received	TDS

(Copy of my form 16 (TDS certificate) for financial year 2013-14 is attached).

PAN Circle

Declaration

1. I have not worked at any other pharmacy college/institutions or presented myself at any inspection.

2,. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect of any content of this declaration shall also be treated as a gross misconduct thereby renderings the undersigned liable for necessary disciplinary action (including removal of this name from the Register or 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 above mentioned 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 the declaring himself/herself for any such mis- declaration or mis- statement.

Countersigned by the Director/Dean