

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting D. Pharm course

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

(SIF-A)

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.N. E-mail	Womens College of Pharmacy A/P – Peth Vadgaon, Tal-Hatkanagale, Dist- Kolhapur (M.S.) 0230 2471414 0230-2471361 wcopdpharm@gmail.com
Year of Establishment	2014
Status of the course conducting body: Government/University/Autonomous/Aided/ Private(Enclose copy of Registration documents of Society/Trust)	Private Enclosed copy of registration (Annexure-01)
A-I.2 Name,address of the Society/Trust/Management(attach documentary evidence) STD Code: Telephone No: Fax No: E-	Shri. Balasaheb Mane Shikshan Prasarak Mandal, A/P-Ambap Tal-Hatkanagale, Dist- Kolhapur (M.S.) India Pin 416112 0230-2471414, 0230-2471361 wcopdpharm@gmail.com www.bmspm.org
A-I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence MobileNo. FaxNo E-Mail	Dr. Shitalkumar Shivgonda Patil Principal Ashokrao Mane College of Pharmacy Peth Vadgaon. Tal-Hatkanagale Dist- Kolhapur (M.S.) 0230-2471360 2471360 9421204393,7720004393 0230-2471360 Shitalkumarpatil@yahoo.co.in
A-I.4 Name and Address of the Head of the Institution	Smt. Pranali Jaywantrao Gaikwad A/P-Takari, Tal-Waiwa, Dis-Sangli.

Signature of the Head of the Institution

Signature of the Inspectors

A-I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D.Pharm	2015-2016	30459 (DD no)	22/08/2014

b. APPROVAL STATUS:

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D.Pharm	2014 for conduct of course	Approval Letter No and Date	17-1012/2013-PCI/54210-12 Dated 22/01/2015	GR.NO 2014/(77/2014)/TE5, Dated 07/08/2014	
		Approved Intake	60	60	
		Actual Admitted	60	60	

c. STATUS OF APPLICATION

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
					Current Intake	Proposed increase in Intake
D.Pharm	Yes	-	-	No	60	-

Note: Enclose relevant documents

A-I.6

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

Yes No

A-I.6a

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

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

Maharashtra State Board of Technical Education Mumbai, 49 Kherwadi, Bandra (E) Mumbai 400051
Phone No-022/26471255

Signature of the Head of the Institution

Signature of the Inspectors

B-I.1

B-DETAILS OF THE INSTITUTION

Name of the Principal		Smt. Pranali Jaywantrao Gaikwad			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M.Pharm	√	05years	8.1	
	PhD(Desir able)		02years		

*Documentary evidence should be provided

B-I.2

For institution seeking continuation of approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied /Not Complied	Intake reduced/Stopped in the last 03 years*
D.Pharm	20/07/2015	Appoint at least 3 teaching staff and Principal	complied	NO

*Enclose Documents

B-I.3

Pay Scales:

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

B-I.4

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

ACADEMIC YEAR	2013-14	2014-15	2015-16
Sanctioned	00	60	0
No. of Admissions	00	60	0
Unfilled Seats	00	00	0
No. of Excess Admissions	00	00	0

B-I.5

Academic information: Percentage of D. Pharm results for the past three years:

ACADEMIC YEAR	Year 2013-14	Year 2014-15	Year 2015-16
D. Pharm (I)	00	72	00

Signature of the Head of the Institution

Signature of the Inspectors

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

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

Signature of the Head of the Institution

Signature of the Inspectors

C-FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

C.2 Please provide following Information

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	2612640	1.	Building	10000000	
3.	Library Fee		2.	Equipment	955355	
4.	Sports Fee		3.	Others	1260815	
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others		1	Salary	1454070	
			2.	MAINTENANCE EXPENDITURE		
				i	College	
				ii	Others	
			3.	University Fee(If any)		
			4.	Apex Bodies Fee	140000	
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others	740746	
			8.	Misc. Expenditure		
			Total		2334816	
Total						

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART-II PHYSICAL INFRASTRUCTURE

1. a. Building : **Own/Rented/Leased**
- b. Land:
- i) Lease drown Leased Own
- Sale/Agreement deed (records to be enclosed) : **Enclosed**
- c. Building: Leased Rented
- i) Leased/Rented (Record to be enclosed) : **N.A.**
- ii) If Own (Approved Building plan & sale deed to be enclosed) : **Enclosed**
- d. Total Area of the college building in Sq.mts : Built up Area
- Amenities and Circulation Area

2. Classrooms:

Total Number of Class rooms provided

Class	Required	Available	Required Area* for each classroom	Available Area in Sq.mts	Remarks of the Inspectors
D.Pharm	02	02	90Sq.mts	90Sq.mts	

(*To accommodate 60 students)

3. Laboratory requirement

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remark s/Deficiency
			No.	Area in Sq.mts	
1	Laboratory Area for D. Pharm Course	50Sqmts x n(n=05)	05	380 Sq.mts	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01Laboratory 01Laboratory 01Laboratory 01Laboratory 01Laboratory 05Laboratories 01(10sq.mts)	01 01 01 01 01	76 Sq.mts 76 Sq.mts 76 Sq.mts 76 Sq.mts 76 Sq.mts	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between to labs)	10Sq.mts(minimum)		50 Sq.mts	
4	Area of the Machine Room	100Sqmts	01	100 Sq.mts	
5	Aseptic Room	25Sqmts	01	25 Sq.mts	
6	Store Room-I	1(Area20Sqmts)	01	20 Sq.mts	
7	Store Room-II (For Inflammable chemicals)	1(Area20Sqmts)	01	20 Sq.mts	

***Not required if computer simulated software are available**

Signature of the Head of the Institution

Signature of the Inspectors

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

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

4. Administration Area:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq.mts	
1	Principal's Chamber	01	20 Sq.mts	01	20 Sq.mts	
2	Office-I Including Confidential Room	01	40 Sq.mts	01	40 Sq.mts	
3	Staff/Faculty Rooms for D. Pharm course	01	30 Sq.mts	01	30 Sq.mts	
4	Library with computer and reprographic facilities	01	100 Sq.mts	01	100 Sq.mts	
5	Museum	01	30 Sq.mts (May be attached to the Pharmacognosy Lab)	01	30 Sq.mts	
6	Auditorium/Multi Purpose Hall (Desirable)	01	250-300 Seating capacity	-	-	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	-	-	

Signature of the Head of the Institution

Signature of the Inspectors

5. Student Facilities:

Sl. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq.mts	
1	Girl's Common Room (Essential)	01	40Sqmts	1	40 Sq.mts	
2	Boy's Common Room (Essential)	01	40Sqmts	-	-	
3	Toilet Blocks for Boys	01	25Sqmts	1	25 Sq.mts	
4	Toilet Blocks for Girls	01	25Sqmts	1	25 Sq.mts	
5	Canteen(Desirable)	01	100Sqmts	1	100 Sq.mts	
6	Drinking Water facility Water Cooler(Essential)	01		1	Available	
7	Boy's Hostel(Desirable)	01	9Sqmts/Room Single occupancy	-	-	
8	Girl's Hostel(Desirable)	01	9Sqmts/Room(single occupancy)20Sqmts/room(triple occupancy)	1	14 students	
9	Power Backup Provision(Desirable)	01			Available	

6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq.mts	
Computer(latest Configuration)	1systemfor every10students	Available	30	75	
Printers	1 printer for every10computers	Available	02	-	
Xerox Machine	01	Available	01	-	
Multi Media Projector	02	Available	02	-	

7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq.mts		
Principal quarters	80Sq.mts	-	-	Local	
Staff quarters	6 x 80Sq.mts	-	-	Local	
Parking Area for staff and students		-	-	Available	
Bank Extension Counter		-	-	-	
Cooperative Stores		-	-	Available	
Guest House	80Sq.mts	-	-	-	

Signature of the Head of the Institution

Signature of the Inspectors

Transport Facilities for students	-	-	-	Available	
Medical Facility(First Aid)	-	-	-	Available	

Signature of the Head of the Institution

Signature of the Inspectors

8. 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
				Titles	Numbers	
1	Number of books	75	75adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	75	919	
2	Annual addition of books		75books peryear		75	
3	Periodicals Hardcopies/online		06 National Journals International Journal of Pharmaceutical Research, Express Pharma, Indian Journal of Pharmacology, Pharma Times, Indian Journal of Hospital Pharmacy, Indian Journal of Pharmaceutical Education Research, Indian Journal of Pharmaceutical Science	06	06	
4	Library Timings 10.00am to 5.00 pm					

8.B. Subject wise Classification:

SR. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics-I	10	100	
2	Pharmaceutical Chemistry-I	09	101	
3	Pharmacognosy	10	121	
4	Biochemistry and Clinical Pathology	05	107	
5	Human Anatomy and Physiology	10	93	
6	Health Education and Community Pharmacy	07	75	
7	Pharmaceutics-II	07	75	
8	Pharmaceutical Chemistry-II	06	68	
9	Pharmacology and Toxicology	03	42	
10	Pharmaceutical Jurisprudence	04	52	
11	Drug Store and Business Management	02	40	
12	Hospital and Clinical Pharmacy	02	45	

8.C. Library Staff:

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

Note: The information provided will be assessed in giving the period of approval

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course

Curriculum:

1. Student Staff Ratio:

Theory 60:1

Practicals 20:1

(Required ratio---Theory→60:1 and Practical→20:1)

If more than 20 students in batch 2 staff members to be present provided the lab is spacious

2. Date of Commencement of session:

Commencement	Completion
29/06/2015	30/03/2016

3. Vacation: No of Days
Summer: 40 days

No of Days
Winter: 08days

4. Total Number of working days: 217 day

5. Time Table:

Time Table for I and II D. Pharm Enclosed

Yes

No

6. Whether the prescribed numbers of classes are being conducted as per PCI norms

Class/Subject	Theory		Practicals				Remarks of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No. of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes conducted	
ID. Pharm							
Pharmaceutics-I	75	78	100	100	25	25	
Pharmaceutical Chemistry-I	75	75	75	75	25	25	
Pharmacognosy	75	75	75	75	25	25	
Biochemistry and Clinical Pathology	50	52	75	102	25	34	
Human Anatomy and Physiology	75	81	50	60	25	30	
Health Education and Community Pharmacy	50	50	----	---	----		
IID. Pharm							
Pharmaceutics-II	75	00	100	00	25	00	
Pharmaceutical Chemistry-II	100	00	75	00	25	00	
Pharmacology and Toxicology	75	00	50	00	25	00	
Pharmaceutical Jurisprudence	50	00	----	00	-----	00	
Drug Store and Business Management	75	00	----	00	----	00	
Hospital and Clinical Pharmacy	75	00	50	00	25	00	

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Signature of the Inspectors

7. Whether Internal Assessments are conducted periodically as per PCI norms

Yes No

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

Class ID. Pharm	No. of Candidates scored more than 80%		No. of Candidates scored between 60-80% S		No. of Candidates scored between 50-60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I D. Pharm	1.00	11.00	8.00	44.00	12.00	1.00	36.00	1.00	
II D. Pharm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

9. Workload of Faculty members for D. Pharm

Sr .No	Name of the Faculty	Subjects taught	D.Pharm				Total workload	Remarks of the Inspector
			ID.Ph		IID.Ph			
			Th	Pr	Th	Pr		
1	Miss .Gaikwad P.J.	P&T	-	-	03	04	05	
2	Miss .Mangasule G.	HAP & PH II	03	06	-	08	17	
3	Miss .Kamble P.	HECP, PC II ,P&T	02	-	04	08	14	
4	Miss .Kolekar A.	BCP & HCP	02	09	03	04	18	
5	Miss .Deokar N.	PCI & PJ	03	09	02	-	14	
6	Miss .Kamble D.	PGY & DSBM	03	09	03	-	15	
7	Miss .Pandav A.	PHI & PH II	03	12	03	-	18	

Signature of the Head of the Institution

Signature of the Inspectors

PART IV-PERSONNEL

TEACHING STAFF.

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

S I N O	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			
1	Miss .Gaikwad P.J.	Principal	M.Pharm	15/06/2015	7.9	02	102678		
2	Miss .Mangasule G.A.	Lecturer	M.Pharm	15/06/2015	-	-	04P3208		
3	Miss .Kamble P.N	Lecturer	M.Pharm	15/06/2015	-	-	153034		
4	Miss .Kolekar A.M	Lecturer	M.Pharm	01/07/2015	-	-	112235		
5	Miss .Devkar N.	Lecturer	M.Pharm	01/07/2015	-	-	120386		
6	Miss .Kamble D.	Lecturer	M.Pharm	01/07/2015	-	-	163285		
7	Miss .Pandav A.	Lecturer	M.Pharm	01/07/2015	-	-	112214		

2. Qualification and number of Staff Members Number of staff members required:07

Qualification			
B.Pharm	M.Pharm	PhD	Others-Full Time
-	07	-	-

3. 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 5yrs.And above	
	Less than 5yrs.	100%

4. Details of Faculty Turn over : N.A.

Name of Faculty Member	Period	Morethan 50%	50%	25%	Less than 25%
Sutar S.V.	1/08/2014 TO 31/05/2015	√	-	-	-
Shekhar A.A.	1/08/2014 TO 30/04/2015	√	-	-	-
Sankpal B.Y.	1/08/2014 TO 30/04/2015	√	-	-	-
Kulkarni K.M.	1/10/2014 TO 30/04/2015	√	-	-	-

5. No. of Non-teaching staff available for D. Pharm course for intake of 60 Students:

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D.Pharm	02	D. Pharm	
2	Laboratory Assistants/Attendrs	04	SSLC	04	SSLC	

Signature of the Head of the Institution

Signature of the Inspectors

3	Office Superintendent	01	Degree	01	B.A.	
4	Accountant cum Clark	01	Degree	01	B.A.	
5	Storekeeper	01	D.Pharm	01	D. Pharm	
6	Computer Data Operator	01	10+2with computer training	01	M.C.A.	
7	Peon	02	SSLC	02	SSLC	
8	Cleaning personnel	04		04	-	
9.	Gardener	01		01	-	

Signature of the Head of the Institution

Signature of the Inspectors

7. 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	EPFA	Total	Signature
									P T	TD S	EPF					
1	Miss .Gaikwad P.J.	M.Pharm	Principal	47400	37920	4740	-	800	200	10000	00	17503	AIYPG9113A	-	90860	
2	Miss Mangasule G.S.	M.Pharm	Lecturer	20600	16480	2060	-	800	200	2000	00	17621	CIIPP8507M	-	39940	
3	Miss .Kamble P.N.	M.Pharm	Lecturer	20600	16480	2060	-	800	200	2000	00	17594	DRMPK6175E	-	39940	
4	Miss .Kolekar A.M.	M.Pharm	Lecturer	20600	16480	2060	-	800	200	2000	00	-	DUAPK5724A	-	39940	
5	Miss .Devkar N.S.	M.Pharm	Lecturer	20600	16480	2060	-	800	200	2000	00	-	-	-	39940	
6	Miss .Kamble D.D.	M.Pharm	Lecturer	20600	16480	2060	-	800	200	2000	00	-	-	-	39940	
7	Miss .Pandav A.S.	M.Pharm	Lecturer	20600	16480	2060	-	800	200	2000	00	-	CTSPP9456J	-	39940	

8. Whether facilities for Research/Higher studies are provided to the faculty? No

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

10. Scope for the promotion for faculty: Promotions

Yes

No

11. Gratuity Provided

Yes

No

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

Sr No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
1	Mr. Achalare R.A.	Librian	M. Lib	01/07/2015	-		

2	Mr. Chavan R.R.	O.S.	B.A.	01/07/2015	-		
3	Mr. Patil S.S.	Account cum clerk	D.C.E.	01/07/2015	-		
4	Mr Patil A.B.	Store keeper	D. pharm	01/07/2015	-		
5	Miss. Kamble A.U.	Lab technician	D. pharm	01/07/2015	-		
6	Miss. S.S. Halli	Lab technician	D. pharm	01/07/2015	-		
7	Mr. Jagtap J.M.	Computer data operator	M.C.A.	01/07/2015	-		
8	Mr.Naik D.S.	Library attendant /clerk	B.A.	01/07/2015	-		
9	Mr.Dhanagar P.T.	Lab attendant	B.A.	01/07/2015	-		
10	Mr.Suryavanshi B.Y.	Lab attendant	B.A.	01/07/2015	-		
11	Mr.Dabhade A.S.	Lab attendant	S.S.C.	01/07/2015	-		
12	Mr.Shinde G.H.	Lab attendant	H.S.C.	01/07/2015	-		
13	Mr.Ghatage A.B.	Peon	B.A.	01/07/2015	-		
14	Mr.Patil M.S.	Peon	B.A.	01/07/2015	-		
15	Mr.Pawar B.S.	Gardener	S.S.C.	01/07/2015	-		
16	Mr. Waghmode S.P.	Cleaning personnel	S.S.C.	01/07/2015	-		
17	Mr. Bhosale R.B.	Cleaning personnel	S.S.C.	01/07/2015	-		
18	Mr.Kamble B.B.	Cleaning personnel	S.S.C.	01/07/2015	-		
19	Mr.Hirave D.V.	Cleaning personnel	H.S.C.	01/07/2015	-		

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Up gradation Programs **Yes**

Signature of the Head of the Institution

Signature of the Inspectors

PART V-DOCUMENTATION

Records Maintained:(Essential)

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

Signature of the Head of the Institution

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PART-VI

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

(Audited Accounts for the previous year to be enclosed)

SI No.	Expenditure in Rs. 2013-2014			Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
1	0	0	0	4746942	4573946	172996	0	0	0	

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

SI No.	Expenditure in Rs. 2013-2014			Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Chemicals	0	0	Chemicals	505233	505233	Chemicals	0	0	
2	Glassware	0	0	Glassware	171324	171324	Glassware	0	0	

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

Sr. No.	Expenditure in Rs. 2013-2014			Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Equipment	0	0	Equipment	955355	955355	Equipment	0	0	

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Signature of the Inspectors

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

Sr. No.	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2013-2014			Expenditure in Rs. 2012-2013			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	173624	173624	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	
2	Journals	20800	20800	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	

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

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACEUTICS**Equipment:****PARTVII–EQUIPMENTANDAPPARATUS****Department wise List of Minimum equipments required for D. Pharm**

Sr. No.	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	05	Yes	
2	Conical Percolator	05	05	Yes	
3	Tincture Press	01	01	Yes	
4	Hand Grinding Mill	01	01	Yes	
5	Disintegrator	01	01	Yes	
6	Ball mill	01	01	Yes	
7	Hand operated Tablet machine	01	01	Yes	
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01	Yes	
9	Polishing pan laboratory size	01	01	Yes	
10	Monsanto's hardness tester	01	01	Yes	
11	Pfizer type hardness tester	01	01	Yes	
12	Tablet disintegration test apparatus IP	01	01	Yes	
13	Tablet dissolution test apparatus IP	01	01	Yes	
14	Granulating sieve set	10	10	Yes	
15	Tablet counter–small size	05	05	Yes	
16	Friability tester	01	01	Yes	
17	Collapsible tube–Filling and sealing equipment	01	01	Yes	
18	Capsule filling machine–Lab size	01	01	Yes	
19	Digital balance	01	01	Yes	
20	Distillation unit for distilled water	02	02	Yes	
21	De ionization unit	01	01	Yes	
22	Glass distillation unit for water for injection	01	01	Yes	
23	Ampoule washing machine	01	01	Yes	
24	Ampoule filling and sealing machine	01	01	Yes	

Signature of the Head of the Institution**Signature of the Inspectors**

25	Sintered glass filters for bacterial proof filtration (for different grades)	Adequate	Adequate	Yes	
26	Millipore filter (3 grades)	Adequate	Adequate	Yes	
27	Autoclave	01	01	Yes	
28	Hot air sterilizer	01	01	Yes	
29	Incubator	01	01	Yes	
30	Aseptic cabinet	01	01	Yes	
31	Ampoule clarity test equipment	01	01	Yes	
32	Blender	01	01	Yes	
33	Sieves set (Pharmacopoeial standard)	02	02	Yes	
34	Lab Centrifuge	01	01	Yes	
35	Ointments lab	Adequate	Adequate	Yes	
36	Ointment spatula	Adequate	Adequate	Yes	
37	Pestle and mortar porcelain	Adequate	Adequate	Yes	
38	Pestle and mortar glass	Adequate	Adequate	Yes	
39	Suppository moulds of three sizes	Adequate	Adequate	Yes	
40	Refrigerator	01	01	Yes	

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

PHARMACEUTICAL CHEMISTRY

Equipment:

Sr .No.	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Refractometer	01	01	Yes	
2	Polarimeter	01	01	Yes	
3	Photoelectric colorimeter	01	01	Yes	
4	Ph meter	01	01	Yes	
5	Atomic model set	02	02	Yes	
6	Electronic balance	01	01	Yes	
7	Periodic table chart	Adequate	Adequate	Yes	

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

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Signature of the Inspectors

PHYSIOLOGY&PHARMACOLOGYLABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks oftheInspect
1	Haemoglobinometer	20	20	Yes	
2	Haemocytometer	10	10	Yes	
3	Student's organ bath	1	1	Yes	
4	Sherington's rotating drum	1	1	Yes	
5	Frog board	Adequate	Adequate	Yes	
6	Tray(dissecting)	Adequate	Adequate	Yes	
7	Frontal writing lever	Adequate	Adequate	Yes	
8	Aeration tube	Adequate	Adequate	Yes	
9	Telethermometer	1	1	Yes	
10	Pole climbing apparatus	1	1	Yes	
11	Histamine chamber	1	1	Yes	
12	Simple lever	Adequate	Adequate	Yes	
13	Staring heart lever	Adequate	Adequate	Yes	
14	Aerator	Adequate	Adequate	Yes	
15	Histological Slides	Adequate	Adequate	Yes	
16	Sphygmomanometer(B.P. apparatus)	5	5	Yes	
17	Stethoscope	5	5	Yes	
18	First aid equipment	Adequate	Adequate	Yes	
19	Contraceptive device	Adequate	Adequate	Yes	
20	Dissecting(surgical)instruments	Adequate	Adequate	Yes	
21	Balance for weighing small Animals	1	1	Yes	
22	Kymograph paper	Adequate	Adequate	Yes	
23	Actophotometer	1	1	Yes	
24	Analgesiometer	1	1	Yes	
25	Thermometer	Adequate	Adequate	Yes	
26	Plastic animal cage	Adequate	Adequate	Yes	
27	Double unit organ bath with thermostat	1	1	Yes	
28	Refrigerator	1	1	Yes	
29	Single pan balance	1	1	Yes	
30	Charts	Adequate	Adequate	Yes	

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31	Human skeleton	1	1	Yes	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1set	1set	Yes	
33	Electro-convulsimeter	1	1	Yes	
34	Stopwatch	Adequate	Adequate	Yes	
35	Clamp, boss heads, screw clips	Adequate	Adequate	Yes	
36	Syme's Cannula	Adequate	Adequate	Yes	

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

Equipment:

Sr. No.	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Projection Microscope	01	01	Yes	
2	Charts(different types)	Adequate	Adequate	Yes	
3	Models(different types)	Adequate	Adequate	Yes	
4	Permanent Slides	Adequate	Adequate	Yes	
5	Slides and Cover Slips	Adequate	Adequate	Yes	

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

PHARMACYPRACTICELABORATORY

Equipment:

Sr. No.	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Colorimeter	2	2	Yes	
2	Microscope	Adequate	Adequate	Yes	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.)	Adequate	Adequate	Yes	
4	Watch glass	Adequate	Adequate	Yes	
5	Centrifuge	1	1	Yes	
6	Biochemicalreagentsforanalysisofnormalandpathologicalconstituentsinurineandbloodfacilities	Adequate	Adequate	Yes	
7	Filtration equipment	2	2	Yes	

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

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

- 1. The Inspection Team is instructed to physically verify the details and records filled up by the college in the application form submitted by the college, which is with you no wand record the observations, opinion sand recommendations in clear and explicit terms.**
- 2. The team is requested to record their comments only after physical verification of records and details.**

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

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

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

Photograph

Date of Birth & Age

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

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

Present Designation : _____

Department : _____

College : _____

City: _____

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

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

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.

Phone & Fax Number with code

Office: _____

Residence: _____

E-mail address: _____

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

Details of the previous appointments/teaching experience

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

- 1) Before joining present institution I was working at _____ as _____ And relieved on _____ after resigning/retiring (**relieving order is enclosed from the previous institution**).
- 2) I, here by 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 anywhere 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 :-

	Amount Received	TDS
April, 2014		
May, 2014		
June, 2014		
July, 2014		
August, 2014		
September, 2014		
October, 2014		
November, 2014		
December, 2014		
January, 2015		
February, 2015		
March, 2015		

(Copy of my form 16 (TDS certificate) for financial year 2013-2014 is attached)

P.A.N. : _____ Circle: _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2012-2013.
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 mis declaration in respect to any content of this declaration shall also be treated as a gross misconduct there by rendering the under sign ediable 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 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 besides the declarant himself/herself for any such misdeclaration or misstatement.

Counter signed by the
Director/Dean/Principal in respect of
Teaching Staff

Date:

Place: