

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B1. Pharm for 100 adms.

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

(SIF-B-1)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection: FILE No. :

NAME OF THE INSPECTORS :(block letters)

1.

2.

PART – I

A - GENERAL INFORMATION

A – I .1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	Sree Siddaganga College of Pharmacy Near Sree Shivakumaraswmy circle, B H Road Tumkur 572102 0816 2273331 0816 2252792 sscprincipal@gmail.com
Year of starting of the course	1987
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Society (Enclosed)
A – I .2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Sree Siddaganga Education Society Sree Siddganga Mutt. Tumkur 0816 2282411 0816 2282211 sses_swamigalu@yaoo.co.in www.sses.org.in
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. Suresh V Kulkarni, Principal 0816 2273331 2273331 9449294572 sscprincipal@gmail.com
A – I .4 Name and Address of the Head of the Institution	Dr. Suresh V Kulkarni,

Signature of the Head of the Institution

Signature of the Inspectors

A –I . 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2017-18	028469 & 028472	26/08/2016	

b. APPROVAL STATUS:

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2016-17	Approval Letter No and Date	32-77/2011/PCI, Dt:06/06/2014	ED63/UDC85 Dt:05/05/1986	ACA/PH-20/2015-16 Dt:17/07/2015	
		Approved	60	60	60	
		Actually Admitted	60	60	60	

c. STATUS OF APPLICATION

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

Note: Enclose relevant documents (ENCLOSED)

A –I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same

Building / campus? If Yes, Give Details (ENCLOSED)

A – I. 6 a

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

Examining Authority : Rajiv Gandhi University Of Health Sciences
With complete postal Address, 4th T Block, Jayanagar, Bangalore 560041
Telephone No. and STD Code. 080 26961928

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B -I.1 Name of the Principal		Dr. Suresh V Kulkarni		
Qualification/ Experience	Qualification*	Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm PhD	15 years, out of which 5 years as Prof. / HOD	25 years	
		10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

B -I.2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	28/06/2014	NIL	Complied	NO

* Enclose Documents

B -I.3

Status of Governing Council:	Government/Trust/Society/Individual / University
Details of the Governing Body	Enclosed
Minutes of the last Governing council Meeting	Enclosed

B -I.4

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE : Yes	Yes	Yes	Yes	
Non- Teaching Staff	State Government: Yes	Yes	Yes /	Yes	

B -I.5

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

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
Sanctioned	60	60	60
No. of Admissions	60	60	60
Unfilled Seats	Nil	Nil	nil
No. of Excess Admissions	Nil	Nil	Nil

Signature of the Head of the Institution

Signature of the Inspectors

B –I .6**Academic information: Percentage of UG results for the past three years based on University Calendar**

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
1st year	69	Awaiting For Results	
2nd year	40		
3rd year	62		
Final year	83		
Pass % (Final Year)	83		

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

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Dr. Vijay Kumar S
Programme conducted (mention details)	-Drawing competition on tobacco use in adults, -Conducted health camp at S.S Mutt Tumkur
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	00 4903017	CAPITAL EXPENDITURE			
2.	Tuition Fee	21874000	1.	Building	00	
3.	Library Fee	00	2.	Equipment	335325	
4.	Sports Fee	00	3.	Others	00	
5.	Union Fee	00	REVENUE EXPENDITURE			
6.	Others	3178272	1	Salary	23720854	
			2.	MAINTENANCE EXPENDITURE		
				i	College	1822748
				ii	Others	1466304
			3.	University Fee (If any)	809420	
			4.	Apex Bodies Fee	800000	
			5.	Government Fee	00	
			6.	Deposit held by the College	00	
			7.	Others	1335963	
			8.	Misc.Expenditure	0	
			Total		29955289	
	Total	29955289				

Note: Enclose relevant documents (ENCLOSED)

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1.

- a. Availability of Land (B. Pharm courses) : **Available**
 a) 2.5 acres District HQ/Corporation/Municipality limit
 b) 0.5 acre for City / Metros
- b. Building : **Own**
- c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : **Enclosed**
- d. Building[†]:
 i) Approved Building plan, to be Enclosed : **Enclosed**

e. Total Built Area of the college building in Sq.mts : Built up Area 8733Sq.m
 Amenities and Circulation Area 2582 Sq.m

2. Class rooms:

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

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	05	6 of 90 Sq. mts Or 4 of 150 sq.mts. with Public address System.	201 Sqm each	

(*To accommodate 100 students).

3. **Laboratory requirement at the end of 4 Years**

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	11nos 840 Sq mts	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *		
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (minimum)	Available	
4	Area of the Machine Room	80-100 Sq.mts	100 Sq.mts	
5	Central Instrumentation Room	80 Sq.mts with A/ C	80 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)	20 Sq.mts	

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	01	99 Sq.mts	
2	Office – I- Establishment	01	60 Sq. mts	03	320 Sq.mts	
3	Office – II - Academics					
4	Confidential Room					

5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	05	130 Sq.mts	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	22	150 Sq.mts	

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	01	195 Sq.mts	
2	Library	01	150 Sq mts		280 Sq.mts	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)		53 Sq.mts	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity		304 Sq.mts	
5	Seminar Hall	01			106 Sq.mts	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants		1 acre	

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Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts		44 Sq.mts	
2	Boy's Common Room (Essential)	01	60 Sq.mts		53 Sq.mts	
3	Toilet Blocks for Boys	01	24 Sq.mts	03	51 Sq.mts	
4	Toilet Blocks for Girls	01	24 Sq.mts	03	51 Sq.mts	
5	Drinking Water facility – Water Cooler (Essential).	01			Available	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy		Available	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)		Available	
8	Power Backup Provision (Desirable)	01			Available	

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	75 Sq mts	
Computer (Latest Configuration)	1 system for every 10 students	30	1:6	
Printers	1 printer for every 10 computers	10	Available	
Multi Media Projector	01	03	Available	
Generator (5KVA)	01		Available	

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9. Amenities (Desirable)

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

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	2550	9151	
2	Annual addition of books		150 to 200 books per year	155	454	
3	Periodicals Hard copies / online		10 National 05 International periodicals	21	21	
4	CDS		Adequate Nos	58	102	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)		30	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01		01 01 01	
7	Library Automation and Computerized System					
8	Library Timings 08 am to 7.30 pm					

10.B. Library Staff:

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

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PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio: Theory Practicals Remarks of the Inspectors

(Required ratio -- Theory → 60:1 and Practicals → 20:1) If more than 20 students in a batch 2 staff members to be present provided the lab is spacious :Available

2. Scheme of B. Pharm Course: Annual

3. Date of Commencement of session / sessions:

Commencement	Completion
01/08/15	30/05/16

No of Days

No of Days

4. Vacation:

Summer:

30

Winter:

20

5. Total No. of working days:

210

6. Time Table:

Time Table for B. Pharm course Enclosed

Yes

yes

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

I B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1		3	4	5		
HAP	75	75	75	25	75	
POC I	75	75	75	26	78	
PIC	75	75	75	25	75	
PH.cognosy	50	51	75	25	75	
Ph ceutics	50	50	75	25	75	
Maths/biolog	50	50	50	15	50	
Com science	75	75	50	15	50	

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II B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Phy.pharm	75	75	75	25	75	
Micro	75	75	75	25	75	
POC II	75	75	75	25	75	
Bio chem	75	76	75	25	75	
Patho phy	75	77	---			

III B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
MCI	75	75	75	25	75	
Ph.cog	75	77	75	25	75	
Ph.cology	75	76	75			
Juris	50	52	---			
Ph. Eng	75	76	100		100	

IV B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
MC II	75	75	75	25	75	
Ph.cology	50	54	100	25	100	
Analysis	50	53	75	26	78	
Ph.techno	75	78	75	26	78	
Ph.Markt	50	54	--	--	----	
Ind.Pharm	50	52	--	--	----	
Ind. Ph.cog	50	51	75	25	75	

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

Yes

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

Three years.

A.

Name of the Event	Year 2014-15	Year 2015-16	Year 2016-17
Guest Lectures	02	02	01
Seminars	01	02	02
Workshops	01	00	00
Symposia	00	00	00

B. Papers Presented / Published during last three years

	2014-15		2015-16		2016-17	
	National	International	National	International	National	International
---Published	05	01	05	02		
Presented	06	01	09	01		

Signature of the Head of the Institution

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

Yes

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	30/10/2015	16/11/2015	15/02/2016	23/02/2016	28/03/2016	11/04/2016	
II B. Pharm	30/10/2015	16/11/2015	15/02/2016	23/02/2016	28/03/2016	11/04/2016	
III B. Pharm	30/10/2015	16/11/2015	15/02/2016	23/02/2016	28/03/2016	11/04/2016	
IV B. Pharm	30/10/2015	16/11/2015	15/02/2016	23/02/2016	28/03/2016	11/04/2016	

11. Whether Evaluation of the internal assessments is Fair Yes

No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B.Pharm	82	90	06	04	05	06	07	00	
II B.Pharm	85	91	05	04	05	04	05	00	
III B.Pharm	78	91	07	05	05	04	05	00	
IV B.Pharm	82	89	06	04	06	06	06	01	

12. Work load of Faculty members for B. Pharm (ENCLOSED)

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

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

Details	Year 2014-15	Year 2015-16	Year 2016-17
No. of Students Appeared	12	15	
No. of Students Qualified	03	01	
Percentage	25	6.6	

14. Whether the Institution has an Industry – Institution Interaction cell Yes

No

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	05
Industrial Tour	08
Industrial Training	60
No. of Resource Persons from the Industry for Guest Lectures	10
No. of Collaboration projects with Industry	02

Signature of the Head of the Institution

Signature of the Inspectors

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

Year	Year 2014-15	Year 2015-16	Year 2016-17
No. of students appeared for campus interview	95	179	
% Placed	61	90	

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

	No
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Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF: (ENCLOSED)

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	PhD	Others - Full Time
14	10	06	

3. Teaching Staff required year wise exclusively for B.Pharm for intake of 100 Students.

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Professor: Asst. Professor: Lecturer

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

5. Selection criteria and Recruitment Procedure for Faculty:

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

6. Details of Faculty Retention for:

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

7. Details of Faculty Turnover:

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

Signature of the Head of the Institution

Signature of the Inspectors

8.Number of Non-teaching staff available for B. Pharm course for intake of 100 Students:

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	4	D. Pharm	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	15	SSLC	
3	Office Superintendent	1	Degree	1	MA	
4	Accountant	1	Degree			
5	Store keeper	1	D. Pharm/ Degree	1	BSc	
6	Computer Data Operator	1	BCA / Graduate with Computer Course			
7	Office Staff I	1	Degree	1	MA	
8	Office Staff II	2	Degree	2	Degree	
9	Peon	2	SSLC	2	SSLC	
10	Cleaning personnel	Adequate	---			
11	Gardener	Adequate	---			

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

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

13. Gratuity Provided Yes YES No

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

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

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

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	Yes	
2.	Individual Service Register	Yes	Yes	
3.	Staff Attendance Registers	Yes	Yes	
4.	Sessional Marks Register	Yes	Yes	
5.	Final Marks Register	Yes	Yes	
6.	Student Attendance Registers	Yes	Yes	
7.	Minutes of meetings- Teaching Staff	Yes	Yes	
8.	Fee paid Registers	Yes	Yes	
9.	Acquittance Registers	Yes	Yes	
10.	Accession Register for books and Journals in Library	Yes	Yes	
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	Yes	Yes	
12.	Job Cards for laboratories	Yes	Yes	
13.	Standard Operating Procedures (SOP's) for Equipment	Yes	Yes	
14.	Laboratory Manuals	Yes	Yes	
15.	Stock Register for Equipment	Yes	Yes	
16.	Animal House Records as per CPCSEA	Yes	Yes	

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PART - VI

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

Sl	Expenditure in Rs. 2013-14			Expenditure in Rs. 2014-15			Expenditure in Rs 2015-16			Remarks of the Inspectors*
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	
	25255000-00	23875000-00	1380000-00	29080000-00	26780000-00	2300000-00	31305000-00	29525000-00	1780000-00	

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

Sl	Expenditure in Rs. 2013-14			Expenditure in Rs. 2014-15			Expenditure in Rs 2015-16			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Chemicals	262500-00	264350-00	Chemicals	340000-00	227400-00	Chemicals	287500-00	233889-00	
	Glassware	262500-00	264350-00	Glassware	340000-00	227400-00	Glassware	287500-00	233889-00	

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

Sl	Expenditure in Rs. 2013-14			Expenditure in Rs. 2014-15			Expenditure in Rs 2015-16			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Equipment	300000-00	84143-00	Equipment	870000-00	390000-00	Equipment	570000-00	265000-00	

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

Sl No.	Expenditure in Rs. 2013-14			Expenditure in Rs. 2014-15			Expenditure in Rs 2015-16			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	15000	107923	Books	250000	167300	Books	400000	192119	
2	Journals	15000	104600	Journals	300000	75900	Journals	250000	78001	

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

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

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

DEPARTMENT OF PHARMACOLOGY

Equipment:

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

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

Apparatus:

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60	Yes	
2	Dissection Tray and Boards	10	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 Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	20	20	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	

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

Apparatus:

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

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

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

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

Apparatus:

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

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	20	20	Yes	
2	Homogenizer	10	10	Yes	
3	Digital balance	05	05	Yes	
4	Microscopes	10	10	Yes	
5	Stage and eye piece micrometers	15	15	Yes	
6	Brookfield's viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	

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

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

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	20	20	Yes	
2	Stalagmometer	20	20	Yes	
3	Desiccator*	10	10	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	05	05	Yes	
9	Lipstick moulds	10	10	Yes	

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

PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	Yes	
2	Lyophilizer (Desirable)	01	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	

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

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

CENTRAL INSTRUMENTATION ROOM:

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

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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	
17	Ion- Exchanger	01	01	Yes	
18	Lyophilizer (Desirable)	01	01	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

. Signature of Inspectors:

1

2.

Note:

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

Signature of the Head of the Institution

Signature of the Inspectors

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name

(as on University Degree certificate)

Recent Passport size photo of the Employee

Signed by Dean/Principal of the College.

Photograph

Date of Birth & Age

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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

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

Contd. on page 2

Permanent Residential

Address of employee : _____

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

STD Code

Phone No.

Phone & Fax Number
with Code

Office : _____

Residence : _____

E-mail address : _____

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

Details of the previous appointments/teaching experience

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

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

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

Contd. on page 3

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

Date : _____ Place : _____

