#### PHARMACY COUNCIL OF INDIA

#### Standard Inspection Format (S.I.F) for institutions conducting B. Pharm and D. Pharm

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

To be filled up by P.C.I.

Inspection No. :

FILE No. :

#### To be filled up by inspectors

Date of Inspection:

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

2.

(SIF-C)

PART – I					
A - GENERAL INFORM ATION					

A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail Year of starting of the course	Veer Vijay Pharmacy College Vill: - Fatehpur Bhado, Post Chhutmlpur Dist Saharanpur (Up) 0132 2781020 2781030 vvesociety@gmail.com <b>Diploma 2017-18 &amp; Degree 2017-18</b>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private Copy of Society Document enclosed as Annexure -1
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	VEER VIJAY EDUCATION SOCIETY VPO-Sunderpur Tanko, Dist -Saharnapur 0132 2781020 2781030 <u>vvesociety@gmail.com</u> <u>www.vvpc.in</u> website page is enclosed annexure-2
<b>A</b> – <b>I</b> .3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No	Yuddhveer Singh Chairman
Office Residence Mobile No. Fax No E-Mail	9997066606 9997486050 yuddhveer_1974@yahoo.co.in
<b>A</b> – <b>I</b> .4 Name and Address of the Head of the Institution	Dr. Rakesh singh

#### A – I .5 FOR INSTITUTION SEEKING CONTINUATION OF APPRO VAL

#### a. DETAILS OF AFFILIATION FEE PAID D.D Attached (In original)

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the
				Inspectors
D.Pharma (Processing Fee)	2018-19	130367 (Rs.50000/-)	21-08-2017	
D Pharma (Affilation Fee)				
B.Pharma (Processing Fee)	2018-19	130366 (Rs.50000/-)	19-08-2017	
B.Pharma (Affilation Fee)		130365 (Rs. 50000/-)	19-08-2017	

#### **b. APPROVAL STATUS :**

Name	Approved	Intake	PCI	STATE	UNIVERSITY /	Remarks
of the	up to	Approved		GO VT/ AICTE	BOARD OF	of the
Course		and			TECHNICAL ED	Inspectors
D. Phar m	2017-18		1414/2017-	प्रशिप/परिषद/2016/3422 A 08/07/2016 F.No Northern/2017/ 1-3384741241, 30-04-2017	प्राशिप / परिषद सम्बद्धता / 2017 / 1475 15–05–2017	
			60	50	50	
B. Pharm	2017-18	Approval Letter No and Date		(संख्या 1667 / सोलह प्राoशिक्षा—1—2017—13 (s) 2015) F.No Northern/2017/ 1- 3384741241, 30-04-2017	ए०के०टी०यू० / कुस०का० / स०वि० / 2017 / 700—1295 25 / 05 / 2017	
		Approved Intake Actually Admitted	60	100	100	

#### c. STATUS OF APPLICATION :

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

Note: Enclose relevant documents

A –I. 6

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

	Yes		No	$\checkmark$	
A – I. 6 a					
	St	tatus (	of the Pharm	acy Cou	irse:
Independent Building		$\checkmark$			
Wing of another college					
Separate Campus					
Multi Institutional Campus	5				
Examining Authority : With complete postal Address, Telephone No. And STD Code	Board Guru	l of tec Govin	a course hnical Educa d Singn Marş Chauraha, (	5	For Degree course &Dr. A.P.J Kalam Tech Univesity IET Campus, Sitapur Road (Lucknow Uttar Pradesh

## **B** - Details of the Institution

B –I .1		D	r. Rakesh singh		
Name of the Princip	pal				
	Qualification*		Teaching Experience Required	Actual experience	Remar ks of the Inspectors
Qualification/ Experience	M. Pharm		15 years, out of which 5 years as Prof. / HOD		
Experience	PhD		10 years, out of which at least 05 years as Asst. Prof	11 Years	

\* Documentary evidence should be provided

#### В – I.2

### For institution seeking continuation of affiliation : New Institute

Course	Date of last Inspection	Remar ks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
D.Pharma	(21-22)-07-2017	Course of Conduction		
B.Pharma	24-08-2017	Course of Conduction		

\* Enclose Documents

#### B – I .3 : New Institute

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

#### B –I .4

Pay Scales Staff	: Scale of pay		PF	Gratuity	Pension benefit	Remar ks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt.	Yes	Yes /No	Yes /No	Yes /No	
Non- Teaching Staff	State Government	Yes	Yes /No	Yes /No	Yes /No	

## B –I .5

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

ACADEMIC YEAR	Year 2015-16	Year 2016-17	Year 2017-18
Sanctioned			
No. of Admissions			50
Unfilled Seats			
No. of Excess Admissions			

#### B –I .6

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

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
D. Pharm			

## B –I .7 B. Pharm Course: Admission statement for the past three years :

ACADEMIC YEAR	Year 2015-16	Year 2016-17	Year 2017-18
Sanctioned			
No. of Admissio ns			24
Unfilled Seats			36
No. of Excess Admissions			

### B –I .8

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

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
1 <sup>st</sup> year			
2 <sup>nd</sup> year			
3 <sup>rd</sup> year			
Final year			
Pass % (Final Year)			

## B – II

#### Co-Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)?	Proposed Planned
If no give reasons	-
NSS Programme Officer's Name	Mr. Pushkar Rana
Programme conducted (mention details)	Awareness against T.B./AIDS/Cancer etc
Whether students participating in University level cultural	✓ Yes/No
activities / Co- curricular/sports activities	
Physical Instructor	✓ Available / Not available
Sports Ground	✓ Individual / Shared

#### C - FINANCIAL STATUS OF THE INSTITUTION Audited

#### financial Statement of Institute should be furnished

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

#### Funded by Society Members and Revenue Generated From Agriculture Land

#### C.2 Please provide following Information

Receipts				Remar ks			
SI. No.	Particulars	Amount	SI. No.	]	Particulars	Amount	
1.	Grants From Society	32,599,100.27/-	CAPITAL EXPENDITURE				
2.	Tuition Fee		1.		Building	26,869,479/-	
3.	Library Fee		2.	F	Equipment	667,704/-	
4.	Sports Fee		3.		ers: Liabrary	34,7425/-	
					Books Furniture	389351/-	
5.	Union Fee				REVENUE	EXPENDIUTRI	F
6.	Others Unsecured Loan	4886163/-	1				
			2.				
				i	College	300,000/-	_
				ii	Others	100,000/-	
			3.	Un	iversity Fee (If any)	100,000/-	
			4.	Ape	x Bodies Fee	40,000/-	
			5.	-	ernment Fee	40,000	
			6.		oosit held by the	200,000,0/-	
	1		7.		Others	150,000/-	
	Total	37485263/-	8.	Mis	c.Expenditur	100,000/-	
				otal		37485263/-	

Audit Report is enclosed as Annexure -6

<ul><li>a) 2.5 acres District HQ/Corporation/Municipality</li><li>b) 0.5 acre for City / Metros</li></ul>	limit	
	_	
b. Building <sup>†</sup>	: Own	
c. Land Details to be in the name of Trust and Society	7)	
Own – Records to be enclosed		
Sale deed	: Copy of Land Documents is	Enclosed As Annexure -3
d. Building:		
i) Approved Building plan, sale deed to	: Copy of Building	g Map is Enclosed As
Annexure -4		
be enclosed)		
e. Total Built Area of the college building in Sq.mts	: Built up Area	8822.15
Amenities and	Circulation Area	2650.00
2. Class rooms:		
Total Number of Class rooms provided for both D	Pharm and B. Pharm	

#### **Required Area \* for each** Remar ks of the Available Required Available Class Numbers **Class Room** Area in Sq.

		Numbers	Class Room	Area in Sq.	Inspectors
				mts	
D. Pharm	02	02	90 Sq. mts each	180 Sq	
B. Pharm	04	04	90 Sq. mts each (Desirable)		
			75 Sq. mts each (Essential)	330 Sq.	

(\* To accommodate 60 students)

## 3. Laboratory requirement for both D. Pharm and B. Pharm

Sl.	Infrastructure for	Requirement as	Available	Remar ks/
No.		per	No. & Area in Sq	Deficiency
		Nor	mts	
1	Laboratory Area for B. Pharm Course (10 Labs)	90 Sq .mts x n (n=10)	10 Labs & 900 Sq .mts-	
	Laboratory area for D. Pharm Course (03 Labs)	Including Preparation room - Desirable 75 Sq. mts - Essential	03 Labs &270 Sq. mts	
2	Pharmaceutics	03 Laboratories	03 Laboratories	
	Pharmaceutical	03 Laboratories	03 Laboratories	
	Chemistry	01 Laboratory	01 Laboratory	
	Pharmaceutical Analysis	03 Laboratories	03 Laboratories	
	Pharmacology	02 Laboratories	02 Laboratories	
		01 Laboratory	01 Laboratory	
	Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm and D.Pharm Course	13 Laboratories *	13 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)	130 sq mts	
4	Area of the Machine Room	80-100 Sq.mts	100 Sq.mts	
5	Central Instrument Room	80 Sq.mts with A/ C	80 Sq.mts with A/C	
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	

\*No. of laboratories required for both D. Pharm and B. Pharm

# $^\dagger$ 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 fuming chamber to reduce the pollution wherever necessary.
- 3. The workbenches 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	Require ment as per Norms	Requirement as per Norms,	Available		as per Norms,		Remar ks/ Deficiency
		in number	in area	No.	Area in Sq .mts			
1	Principal's Chamber	01	30 Sq .mts	01	30.1 Sq Mts			
2 3	Office – I – Establishment Office – II – Academics	01	60 Sq. mts	01	75 Sq Mts			
4	Confidential Room							

#### **5.Staff Facilities:**

SI No	Name of	Requirement as per Norms	Requirement	A	vailable	Remar ks/
No.	infrastructure	in number	as per Norms in area	No.	Area in Sq. mts	Deficiency
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	04	88 Sq Mts	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)	12	120 Sq Mts	

#### 6.Museum, Library, Animal House and other Facilities: [

Sl No.	Name of infrastructure	Requirement as per Norms	Requirement as per Norms in area	A	vailable	Remar ks/ Deficiency	
		in number		No.	Area in Sq. mts		
1	Animal Hou se	01	80 Sq. mts	01	80 Sq Mts		
2	Library	01	150 Sq. mts	01	150 Sq. mts		
3	Museu m	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	50 Sq. mts		
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	260		
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	Adequate		

## 7. Student Facilities:

SI.	Name of	Requirement	Requirement as	A	ailable	Remarks/
No.	infrastructure	as per Norms in number	per Norms in area	No.	Area in Sq. mts	Deficiency
1	Girl's Common Room (Essential)	01	60 Sqmts	01	76 Sqmts	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	76 Sqmts	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	40 Sqmts	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	40 Sqmts	
5	Drinking Water facility – Water cooler (Essential).	01	-	01	Facility Available	
6	Boy's Hostel (Desirable)	01	9 Sq mts, Room Single occupancy			
7	Girl's Hostel (Desirable)	01	9 Sq mts, Room (single occu pancy) 20 Sq mts, Room (triple occupancy)			
8	Power Backup Provision (Desirable)	01		01	Generator	

## 8. Computer and other Facilities:

Name	Required	Av	ailable	Remar ks of the	
		No.	Area in Sq. mts	Inspectors	
Computer Room for	01	01	87 Sq mts		
B.Pharm Course	(Area 75 Sq mts)				
Computer	1 system for every 10 stu dents	30			
(Latest configuration)	(UG & PG)				
Printers	1 printer for every 10	03			
	computers				
Multi Media Projector	01	02			
Generator (5KVA)	01	01			

#### 9. Amenities (Desirable)

Name	Requirement as	A	vailable	Not Available	Remar ks/	
	per Norms in area No. Area in Sq. mts				Deficiency	
Principal quarters	80 Sq. mts	01	157.87 Sq. mts			
Staff quarters	16 x 80 Sq mts					
Canteen	100 Sq. mts	01	150 Sq. mts			
Parking Area for staff and stu dents			Available			
Bank Extension Counter						
Co operative Stores						
Guest House	80 Sq. mts		Available			
Auditoriu m		01	250.27 Sq. mts			
Seminar Hall		01	150 Sq. mts			
Transport Facilities for stu dents			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.			Minimum Volumes (No)	Availab	le	Remar ks 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	240	1652	
2	Annual addition of book s		150 books per year	10	150	
3	Periodicals		10 National	National	10	
	Hard copies / online		05 International periodicals	International	05	
4	CDS		Adequate Nos			
5	Internet Browsing		Yes/No	Yes		
	Facility		(Minimum ten Computers)			
6	Reprographic Facilities:					
	Photo Copier		01	01		
	Fax		01	01		
	Scanner		01	02		
7	Library Automation an	d Comput	terized System : Yes Avai	ilable		
8	Library Timings : 8	am To 5pi	n			

Copy of Bill (Books) is Enclosed as annuxere -5

#### **10.B.** Subject wise Classification:

Sl. No	Subject	Ava	ailable	Remar ks of the
		Titles	Numbers	Inspectors
1	Pharmaceutics – I	23	150	
2	Pharmaceutical Chemistry – I	25	140	
3	Pharmacognosy	24	140	
4	Biochemistry and Clinical Pathology	17	120	
5	Human Anatomy and Physiology	26	150	
6	Health Education and Community Pharmacy	18	145	
7	Pharmaceutics – II	20	140	
8	Pharmaceutical Chemistry – II	20	145	
9	Pharmacology and Toxicology	15	135	
10	Pharmaceutical Jurispru dence	15	120	
11	Drug Store and Business Ma nagement	17	140	
12	Hospital and Clinical Pharmacy	17	127	

## 10.C. Library Staff:

Staff

#### Qualification Required Available

Remar ks of the

members

to be present provided the lab is spacious.

Class	Class Theory		racticals	Remar ks of the Inspectors
B.Pharm	15:1		15:1	-
D.Pharm	20:1		20:1	
2. Scheme of B. Pharm Course	: Annual		Semester	$\checkmark$
B. Date of Commencement of s	session / sessions for B.P	H ARM:	Commencem	ent Completion
			16/08/2018	08/06/2019
		No of Days		No of Days
4. Vacation for B.PHARM:	Summer:	15	Winter:	20
5. Total No. of working days	s for B.PH ARM:	21	0	
5. Date of Commencement of s	session for <b>D.PH</b> ARM:		nme ncement	Completion
		28	8/08/2018	15/05/2019
		No of Days		No of Days
7. Vacation for D.PHARM:	Summer:	15	Winter:	20
8. Total Number of working	days for D.PH ARM			
9. Time Table copy Enclosed	1:			
<b>a</b> . B. Pharm course	Yes		No	
<b>b</b> . D.Pharm Course	Yes		No	
<b>10.Whether the prescribed</b>	numbers of classes are h	eing condu	ted as per univ	ersity norms for

B. PH ARM

#### I B. Pharm:

Subject	No of Th Classes	eory		Practicals		
1	Prescribed No of Hrs 2	No of Hours Conduc ted	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	
Computer Fandamentals & Progaraming	45		60			
Pharmacutical Analysis	45		60			

Pharmaceutical Chemistry –I (Pharmaceutical In –Organic Chemistry)	45	60		
Pharmaceutics –I (General Pharmacy)	45	60		
Anatomy Physiology & Path physiology	45	60		

## II B. Pharm:

Subject	No of Theo	ory Classes		Practicals			
	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		
1	2	3	4	5	class		

## III B. Pharm:

Subject	No of Theo	ory Classes		Practicals			
	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		
1	2	3	4	5	class		

## IV B. Pharm:

Subject	No of The	ory Classes		Pr	acticals	Remarks of the Inspectors
1	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	
	2	3	4	5	class	

## 11. Whether the prescribed numbers of classes are being conducted as per PCI norms for D.PH ARM

11. Whether the pres	The			Practic			Remark of
Class/Subject	Prescribed No of Hours	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes Conducted with duration per class	
I D. Pharm			1				
Biochemistry and Clinical Pathology	50		75				
Human Anatomy and Physiology	75		50				
Health Edu cation and Commu nity Pharmacy	50						
Pharmaceutics – I	72		68				
Pharmaceutical Chemistry – I	65		62				
Pharmacognosy	62		•				
II D. Pharm							
Pharmaceutics – II							
Pharmaceutical Chemistry – II							
Pharmacology and Toxicology							
Pharmaceutical Jurisprudence							
Drug Store and Business Management							
Hospital and Clinical Pharmacy							

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

Yes

✓ No

- 13. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last year
- A.

Name of the Event	Year 2014-15	Year 2015-16	Year 2016-17
Guest Lectures			
Seminars		New Institute	
Work shops			
Symposia			

#### **B.** Papers Presented / Published during last three years :

	Year 200-		Ye	ar 200-	Year 200-	
	National	International	National	International	National	International
Published						
Presented						

## 14. Whether Internal Assessments are conducted periodically as per university / Board norms

·	v
Yes	No

No

Class	I Sessional Dates DD/MM/YY			onal Dates IM/YY		ional Dates MM/YY	Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
<b>B.PH ARM</b>							
I B. Pharm							
II B. Pharm							
III B. Pharm							
IV B. Pharm							
D.PH ARM	1			L	1		1
I D. Pharm							
II D.Pharm							

15. Whether Eva	aluation of	the inte	rnal assessn	nents is I	Fair Yes		No [		
	No.	of	No. of Car	ndidates	No. of Ca	ndidates	No. o	of	<b>Remarks</b> of
Class	Candi	Candidates		scored more than		ore than	Candid	ates	the
	scored more than 80%		60 - 80%		50 - 60%		Less than 50%		Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B.Phar m									
II B.Pharm									
III B.Pharm									
IV B.Pharm									

## 16. Whether Evaluation of the internal assessments is Fair Yes

							L		
	No. of		No. of	No. of Candidates		Candidates	No	of	Remarks of
Cl	Candidates		scored	scored more than		scored more than		dates	the
ass	scored more		60	60 - 80%		50 - 60%		an 50%	Inspectors
	than 80%								
	Th Pr		Th	Pr	Th	Pr	Th	Pr	
I D.Pharm									
II D.Pharm									

#### 17. Work load of Faculty members for D. Pharm and B. Pharm

SI. No	Name of the Faculty	Subjects taught	<b>D</b> .]	D.Phar m B. Phar m		ar m	Total work load	Remarks of the Inspector
			Т	Pr	Th	Pr		
l.	Dr. Rakesh singh	Pharmaceutical Analysis	0	0	1	3		
2.	Shabeena praveen	(Pharmaceutical Chemistry	0	0	1	3		
	Anoop kumar	Pharmacognosy	0	0	1	3		
1.	Arun kumar	HAP	0	0	1	3		
5.	Lakhan Rana	Pharmaceutics	1	0	1	3		

~	1	j									 
No	Faculty	taught		Ι	I	I	I	Ι	IV		
			Т	Pr	Th	Pr	Th	Pr	Th	Pr	
1.	Dr. Rakesh singh	Pharmaceutical Analysis	1	3							

2.		(Pharmaceutical 1	3				
		Chemistry					
3.	Anoop kumar	Pharmacognosy 1	3				
4.	Arun kumar	APP I 1	3				
5.	Lakhan Rana	Pharmaceutics 1	3				

#### 19.Workload of Faculty members for D. Pharm

SI.	Name of the Faculty	Subjects		<b>D.</b> ]	Pharm		Total work load	Remarks of
No		taught	I D. Ph		II	D. Ph		the Inspector
			Th	Pr	Th	Pr		
1.	Mayank Garg	Pharmaceutics						
2.	Ravi kumar	Pharmaceutical Chemistry	1	3				
3.	Shiv raj	Bio Chemistry	1	3				
4.	Kulveer Saini	Pharmacognosy	1	3				
5.	Zubair Shamim	НАР	1	3				
6.	Pinky Sajwan	НЕСР	1					

#### 20. 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			
No. of Students Qualified			
Percentage			
<b>1.</b> Whether the Institution has an	Industry – Institution In	nteraction cell Yes	<b>No</b>

#### —For B. Pharm

If applicable please give the details for the previous Year : New Institute

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

#### 22. 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			
% Placed			

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

Yes No

#### TEACHING STAFF.

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

**PART IV - PERSONNEL** 

Sl No	Name	Designati on	Qua lification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
1.	Dr. Rakesh singh	Principal	Ph.D M.Pharma.	05/04/2017	11			
2.	Lakhan Rana	Asst.Prof	M.Pharma	06/04/2107	03			
3.	Arun kumar	Asst.Prof	M.Pharma	06/04/2107	05			
4.	Pinky Sajwan	Asst.Prof	M.Pharma	06/04/2107	05			
5.	Shiv Raj Singh	Lecturer	M.Pharma	06/04/2107	03			
6.	Zubair shamim	Lecturer	M.Pharma	06/04/2107	01			
7.	Anoop kumar	Asst.Prof	M.Pharma	06/04/2107	03			
8.	Mayank Garg	Lecturer	B.Pharma	06/04/2107	03			
9.	Ravi kumar	Lecturer	M.Pharma	06/04/2107	02			
10.	Kulveer Saini	Lecturer	B.Pharma	06/04/2107	02			
11.	Shabeena praveen	Lecturer	M.Pharma	06/04/2107	01			

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

Sl No	Name	Designati on	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
1.	Dr. Rakesh singh	Principal	Ph.D M.Pharma.	05/04/2017	11			
2.	Lakhan Rana	Asst. Prof.	M.Pharma	06/04/2107	03			
3.	Arun kumar	Asst. Prof.	M.Pharma	06/04/2107	05			
4.	Pinky Sajwan	Asst. Prof.	M.Pharma	06/04/2107	05			
5.	Shiv Raj	Lecturer	M.Pharma	06/04/2107	03			
6.	Anoop Singh	Asst.Prof	M.Pharma	06/04/2107	03			
7.	Shabeena praveen	Lecturer	M.Pharma	06/04/2107	01			

## 3. Details of Teaching Faculty for D. Pharm Course to be enclosed in the format mentioned below:

Sl No	Name	Designat ion	Qualification	Date of Joining	Teaching Experience		8		9		0		0		0		0		0		0		8		0		8		State Pharmacy Council Reg	Signature of the faculty	Remar ks of the
					After UG	After PG	No.	faculty	Inspector s																						
1.	Mayank Garg	Lecturer	B.Pharma	06/04/2107	03																										
2.	Ravi kumar	Lecturer	M.Pharma	06/04/2107	03																										
3.	Kulveer Saini	Lecturer	B.Pharma	06/04/2107	02																										
4.	Zubair Shamim	Lecturer	M.Pharma	06/04/2107	01																										

## 4. Qualification and number of Staff Members

Qualification								
B. Phar m M. Pharm PhD Others								
02	08	01	Part Time					
			03					

5.Staff Pattern for B. Pharm courses department wise: : Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of the Inspectors of inspection team
Department of Pharmaceutics	Professor	1	01	
	Asst. Professor	1	01	
	Lecturer	4	01	
Department of Pharmaceutical	Professor	1		
Chemistry	Asst. Professor	1		
(including Pharmaceutical Analysis)	Lecturer	4	01	
Department of Pharmacology	Professor	1		
	Asst. Professor	1	01	
	Lecturer	3	01	
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1	01	
	Lecturer	2	01	

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

	No. of staff required f or I *B.Pharm	Available	No. of staff required f or II B.Pharm	Available	No. of staff required f or III B.Pharm	Available	No. of staff required f or 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	
Pharmaceutics	1	1	2		3		4	
Total	6	7	9		13		17	
Part time teaching Staff emark s of the Inspection Team	3	3	-		-		-	

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

## 7. Selection criteria and Recruitment Procedure for Faculty:

a.	Whether Recruitment Committee has been formed	Yes /No
b.	Whether Advertisement for vacancy is notified in the Newspapers	[]Yes/No
c.	Whether Demonstration Lecture has been conducted	[]Yes/No
d.	Whether opinion of Recruitment Committee Recorded	Yes /No

#### 8.Details of Faculty Retention for: New Institute

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

#### 9. Details of Faculty Turnover : New Institute

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

SI.	Designation	Required	Required	A	vailable	Remarks of	
No.		Number	Qualification	Number	Qualification	the Inspection team	
1	Laboratory Technician	1 for each Dept	D. Pharm	06	D. Pharm		
2	Labortory Assistants/ Attenders	1 for each Lab (minimu m)	SSLC	06	B.Sc		
3	Office Superintendent	1	Degree	01	MBA		
4	Accountant	1	Degree	01	B.Com		
5	Store keeper	1	D. Pharm/ Degree	01	D. Pharm		
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	MCA		
7	First Division Assistant	1	Degree	01	B.Sc		
8	Second Division Assistant	2	Degree	02	B.Sc		
9.	Peon	2	SSLC	02	12 <sup>th</sup>		
10	Cleaning personnel	Adequate		04	10 <sup>th</sup>		
11	Gardener	Adequate		02	10 <sup>th</sup>		
12.	Driver			02	12 <sup>th</sup>		
13.	Security			04	12 <sup>th</sup>		
14	Helper			03	12 <sup>th</sup>		

10. Number of Non-teaching staff available for D. Pharm and B. Pharm course for intake of 60 students:

si. No	Name	Qualificatio	Designatio n		DA Rs.	HRA				Doduo	••••	Bank A/C	PAN	EPF A/c	Total	Signature
110		11	11	pay Rs.	N3.	Rs.	KS.	allowance Rs	Deductions	lons	No	No	no.			
1.	Dr. Rakesh singh	Ph.D M.Pharma.	Principal	47400	10428	620	6083		ΡT	TDS	EPF				64531/-	
2.	Lakhan Rana	M.Pharma	Asst.Prof	24600	4752	620	2697								32669/-	
3.	Arun kumar	M.Pharma	Asst.Prof	24600	4752	620	2697								32669/-	
4.	Pinky Sajwan	M.Pharma	Asst.Prof	24600	4752	620	2697								32669/-	
5.	Shiv Raj Singh	M.Pharma	Lecturer	21600	4752	620	2697								29669/-	
6.	Zubair Shamim	M.Pharma	Lecturer	21600	4752	620	2697								29669/-	
7.	Anoop Kumar	M.Pharma	Asst.Prof	24600	4752	620	2697								32669/	
8.	Mayank Garg	B.Pharma	Lecturer	17600	4752	620	2697								25669/-	
9.	Ravi kumar	M.Pharma	Lecturer	21600	4752	620	2697								29669/	
10.	Kulveer Saini	B.Pharma	Lecturer	17600	4752	620	2697								25669/	
11.	Shabeena praveen	M.Pharma	Lecturer	21600	4752	620	2697								29669/	

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

12. Whether facilities for Research / Higher studies are provided to the faculty? (Inspectors to verify documents pertaining to the above)

## **13. Whether faculty members are allowed to attend workshops and seminars?** (Inspectors to verify documents pertaining to the above)

#### 14. Scope for the promotion for faculty: Pro motions

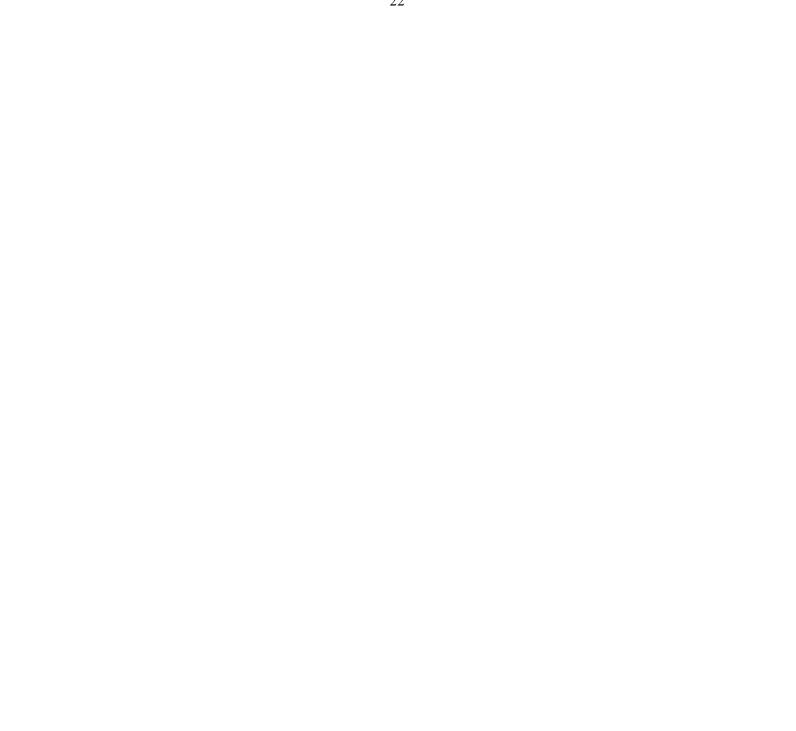
Yes	$\checkmark$	No	
Yes		No	

15. Gratuity Provided

Sl	Name	Designation	Qualification	Date of	Experience	Signature	Remar ks of the
No				Joining			Inspectors
1.	Mange Ram	Lab Tech.	D.Pharma	16/03/2017	03		
2.	Arvind Singh	Lab Tech.	D.Pharma	16/03/2017	03		
3.	Nikesh kumar	Lab Tech.	D.Pharma	16/03/2017	03		
4.	Naveen kumar	Lab Tech.	D.Pharma	16/03/2017	01		
5.	Amit kumar	Lab Asst.	12 <sup>th</sup>	16/03/2017	02		
6.	Mohan Singh	Lab Asst.	12 <sup>th</sup>	16/03/2017	03		
7.	Birjesh kumar	Lab Asst.	12 <sup>th</sup>	16/03/2017	01		
8.	Ajay kumar	Lab Asst.	12 <sup>th</sup>	16/03/2017	05		
9.	Sanjeev kumar	Office Sup.	MBA	16/03/2017	03		
10.	Surender kumar	Store Keepar	MBA	16/03/2017	05		
11.	Mohd Husain	Computer operater	BCA	16/03/2017	03		
12.	Minakshee Garg	Accountent	B.Com	16/03/2017	02		
13.	Km Sarita Rani	Librarian	M.Lib	16/03/2017	01		
14.	Mukesh kumar	Gardener	8 <sup>th</sup>	16/03/2017	03		
15.	Mustafeeq	Cleaning	10 <sup>th</sup>	16/03/2017	02		
16.	Bhagat Singh	Cleaning	10 <sup>th</sup>	16/03/2017	02		
17.	Intajar	Peon	10 <sup>th</sup>	16/03/2017	04		
18.	Sewa Ram	Peon	10 <sup>th</sup>	16/03/2017	15		

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

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



## **PART V - DOCUMENTATION**

### **Records Maintained: Essential**

Sl. No	Records	Yes	No	Remar ks of the Inspectors
1	Admissions Registers	✓		
2.	Individual Service Register	✓		
3.	Staff Attendance Registers	$\checkmark$ $\checkmark$		
4.	Sessional Marks Register	$\checkmark$		
5.	Final Marks Register			
6.	Student Attendance Registers			
7.	Minutes of meetings- Teaching Staff	✓		
8.	Fee paid Registers			
9.	Acquittance Registers	$\checkmark$		
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	$\checkmark$		
13.	Standard Operating Procedures (SOP's) for Equipment	$\checkmark$		
14.	Laboratory Manuals	$\checkmark$		
15.	Stock Register for Equipment	$\checkmark$		
16.	Animal House Records as per CPCSEA			

#### PART - VI

#### 1.Financial Resource allocation and utilization for the past three years: (Audited Accounts for previous year enclosed as Annexure - 6

SI		xpenditure in 17-18	Expenditure in Rs.		Expenditure in Rs			Remarks of the Inspectors*		
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	

2. Total amount spent on chemicals and glassware for the past three years: Bills are Enclosed as annexure -7

SI	2017-18		Expenditure in Rs.		Expenditure in Rs			Remarks of the Inspectors*		
No.	Total	Sanctioned	Incurred	Total budget	Sanctioned	Incurred	Total	Sanctioned	Incurred	
	budget			allocated			budget			
	allocated						allocated			
	Chemicals			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

## 3. Total amount spent on equipments for the past three years:

### (Enclose purchase invoice) Bills are Enclosed as annexure -8

SI		penditure in l 17-18	Rs.	Ex	penditure in R	s.	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: Bills of booka are Enclosed as annexure -5

Sl No.	Expenditure in Rs. (Session 2017-18)			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books			Books			Books			
2	Journals			Journals			Journals			

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

#### PART VII – EQUIPMENT AND APPARATUS

## Note: Inspectors are requested to note that items which are marked with an asterisk (\*) are common for both B.Pharm and D. Pharm. I --Department wise List of Minimum equipments required for D. Pharm

## PH ARM ACEUTICS

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	05	Yes	1
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	Deionisation 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	
25	Sintered glass filters for bacteria proof filtration (four different grades)	Adequate	Adequate	Yes	

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

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

## PHARMACEUTICAL CHEMISTRY

Equipment:

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

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

## PHYSIOLOGY & PHARMACOLOGY LABORATORY

Sl.No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	20	Yes	
2	Haemocytometer*	10	10	Yes	
3	Student's organ bath	01	01	Yes	
4	Sherington's rotating dru m*	01	01	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	01	01	Yes	
10	Pole climbing apparatus*	01	01	Yes	
11	Histamine chamber	01	01	Yes	
12	Simple lever*	Adequate	Adequate	Yes	
13	Sterling heart lever*	Adequate	Adequate	Yes	
14	Aerator*	Adequate	Adequate	Yes	
15	Histological Slides	Adequate	Adequate	Yes	
16	Sphygmomanometer* (B.P. apparatu s)	05	05	Yes	
17	Stethoscope*	05	05	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	01	01	Yes	
22	Kymograph paper	Adequate	Adequate	Yes	
23	Actophotometer*	01	01	Yes	
24	Analgesiometer*	01	01	Yes	
25	Thermometer	Adequate	Adequate	Yes	
26	Plastic animal cage	Adequate	Adequate	Yes	
27	Double unit organ bath with thermostat	01	01	Yes	
28	Refrigerator	01	01	Yes	
29	Digital balance	01	01	Yes	
30	Charts	Adequate	Adequate	Yes	
31	Human skeleton*	01	01	Yes	

32	Anatomical specimen (Heart, brain, eye,,ear,,reproductive system etc.,)*	01 set	01 set	Yes	
33	Electro-convulsiometer*	01	01	Yes	
34	Stop watch	Adequate	Adequate	Yes	
35	Clamp, boss heads, screw clips*	Adequate	Adequate	Yes	
36	Syme's Cannula*	Adequate	Adequate	Yes	

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

#### PHARMCOGNOSY LABORATORY

**Equipment:** 

Sl 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 number of glassware commonly used in the laboratory should be provided in each laboratory and department.

### PHARMACY PRACTICE LABORATORY

SI 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	Centrifu ge	1	1	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	Adequate	Yes	
7	Filtration equipment	2	2	Yes	
8	Filling Machine	1	1	Yes	
9	Sealing Machine	1	1	Yes	

10	Autoclave sterilizer	1	01	Yes	
11	Membrane filter	1 Unit	1 Unit	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	03	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	Centrifu ge	1	1	Yes	
23	Magnetic stirrer	1	1	Yes	
24	Thermostatic bath	1	1	Yes	

NOTE: Adequate number 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 crude 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.

## II Department wise List of Minimum equipments required for B. Pharm (for a batch of 20 s tudents) DEPARTMENT OF PH ARM ACOLO GY

		Minimum required Nos.	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*	5	5	Yes	
6	Stethoscope*	5	5	Yes	
	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each	One pair of each tissue Organs and endocrine glands One slide of each	Yes	
		organ system	organ system		
8	Models for various organs	One model of each organ system	One model of each organ system	Yes	
9	Specimen for various organs and systems*	One model for each organ system	One model for each organ system	Yes	
10	Skeleton and bones*	One set of sk eleton and one spare bone	One set of sk eleton and one spare bone	Yes	
11	Different Contraceptive Devices and Models*	One set of each device	One set of each device	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	Centrifu ge	01	01	Yes	
17	Electronic Balance	01	01	Yes	
18	Physical /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 dru gs	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 PH ARM ACO GNOSY**

Sl. No.	Name	Minimum required	Available Nos.	Working	Remarks of
		Nos.		Yes / No	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	Microscope with stage and oil	20	20	Yes	
	immersion objective				
12	Sterility testing unit	01	01	Yes	
13	Camera Lucida	15	15	Yes	
14	Eye piece micrometer	15	15	Yes	
15	Stage micrometer	20	20	Yes	
16	Incinerator	01	01	Yes	
17	Moisture balance	01	01	Yes	
18	Heating mantle	15	15	Yes	
19	Flourimeter	01	01	Yes	
20	Vacuum pump	02	02	Yes	
21	Micropipettes (Single and multi	02	02	Yes	
	channeled)				
22	Micro Centrifu ge	01	01	Yes	
23	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 apparatu s	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

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

5	Digital balance 10mg sensitivity	10	10		
6	Suction pumps	06	06		
7	Muffle Furnace	01	01		
8	Mechanical Stirrers	10	10		
9	Magnetic Stirrers with Thermostat	10	10		
10	Vacuum Pump	01	01		
11	Digital pH meter	01	01		
12	Microwave Oven	01	01		

#### **Apparatus:**

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

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

## **DEPARTMENT OF PH ARM ACEUTICS**

Sl. No.	Name	Minimum	Available	Working	Remarks of
		Required Nos.	Nos.	Yes / No	the Inspectors
1	Homogenizer	05	05		
2	Digital balance (10 mg sensitivity)	05	05		
3	Microscopes	05	05		
4	Stage and eye piece micrometers	05	05		
5	Brookfield's viscometer	01	01		
6	Ball mill*	01	01		
7	Sieve shaker with sieve set*	01	01		
8	Double cone blender	01	01		
9	Propeller type mechanical agitator	05	05		
10	Autoclave*	01	01		
11	Steam distillation still	01	01		

12	Vacuum Pump*	01	01		
13	Standard sieves, sieve no. 8, 10, 12,22,24, 44,	10 sets	10		
	66, 80		sets		
14	Tablet punching machine	01	01		
15	Capsule filling machine*	01	01		
16	Ampoule washing machine*	01	01		
17	Ampoule filling and sealing machine*	01	01		
18	Tablet disintegration test apparatus IP	01	01		
19	Tablet dissolution test apparatus IP	01	01		
20	Monsanto's hardness tester	01	01		
21	Pfizer type hardness tester	01	01		
22	Friability test apparatu s*	01	01		
23	Clarity test apparatus	01	01		
24	Ointment filling machine*	01	01		
25	Collapsible Tube Crimping Machine*	01	01		
26	Tablet coating pan*	01	01		
27	Magnetic stirrer, 500ml and 1 liter capacity*,	10	10		
	with variable speed control.				
28	Digital pH meter	02	02		
29	All purpose equipment with all accessories	01	01		
30	Aseptic Cabinet	01	01		
31	BOD Incu bator	02	02		
32	Bottle washing Machine	01	01		
33	Bottle Sealing Machine	01	01		
34	Bulk Density Apparatus	02	02		
35	Conical Percolator (glass/ copper/ stainless steel)	10	10		
36	Capsule Counter	02	02		
37	Energy meter	02	02		
38	Hot Plate	02	02		
39	Humidity Control Oven	01	01		
40	Liquid Filling Machine	01	01		
41	Mechanical stirrer with speed regulator	02	02		
42	Precision Melting point Apparatus	01	01		
43	Tray Drier	01	01		
44	Distillation Unit	01	01		

Signature of the Inspectors

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

 9
 Lipstick moulds
 10
 10

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

### PHARMACEUTICAL BIO TECHNOLO GY

Sl. No.	Name	Minimum required	Available Nos.	Working	Remarks of the
		Nos.		Yes / No	Inspectors
1	Orbital shaker incubator	01	01		
2	Lyophilizer (Desirable)	01	01		
3	Gel Electrophoresis (Vertical and Horizontal)	01	01		
4	Phase contrast/Trinocular Microscope	01	01		
5	Refrigerated Centrifu ge	01	01		
6	Fermenters of different capacity (Desirable)	01	01		
7	Tissue culture station	01	01		
8	Laminar airflow unit	01	01		
9	Diagnostic kits to identify infectious agents	01	01		
10	Rheometer	01	01		
11	Viscometer	01	01		
12	Micropipettes (single and multi channeled)	01 each	01 each		
13	Sonicator	01	01		
14	Respinometer	01	01		
15	BOD Incu bator	01	01		

Signature of the Inspectors

16	Paper Electrophoresis Unit	01	01	
17	Micro Centrifuge	01	01	
18	Incubator water bath	01	01	
19	Autoclave	01	01	
20	Refrigerator	01	01	
21	Filtration Assembly	01	01	
22	Digital pH meter	01	01	

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

### **CENTRAL INSTRUMENTATION ROOM:**

Sl.	Name	Minimum	Available	Working	Remarks of the
No.		required Nos.	Nos.	Yes / No	Inspectors
1	Colorimeter	01	01		
2	Digital pH meter	01	01		
3	UV- Visible Spectrophotometer	01	01		
4	Flourimeter	01	01		
5	Digital Balance (1mg sensitivity)	01	01		
6	Nephelo Turbidity meter	01	01		
7	Flame Photometer	01	01		
8	Potentiometer	01	01		
9	Conductivity meter	01	01		
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	01		
11	HPLC	01	01		
12	HPTLC (Desirable)	01	01		
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	01		
14	Biochemistry Analyzer (Desirable)	01	01		
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	01		
16	Deep Freezer (Desirable)	01	01		
17	Ion- Exchanger	01	01		
18	Lyophilizer (Desirable)	01	01		

\* Items marked with asterisk are common for B.Pharm and D. Pharm

#### **Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors** 

Specific observations if not complied

	1.
Signature of Inspectors:	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.

#### PHARMACY COUNCIL OF INDIA

#### **STAFF DECLARATION FORM**

From

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 Office : with Code Residence : E-mail address : Date of joining present institution : \_\_\_\_\_\_as \_\_\_\_\_(Designation) Details of the previous appointments/teaching experience Position Name of Institution From То **Total Experience** in years Lecturer Reader/ Assistant Professor

Principal	1				
		<u> </u>	1. (		I
1) E	setore joini	ing present institution I	was working at	 a	S
-			and relieved on	 after	r

Professor

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

	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		

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

(Copy of my form 16 (TDS certificate) for the last financial year is attached)

P.A.N. : \_\_\_\_\_

Circle : \_\_\_\_\_

#### **Declaration**

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