

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 No. E-mail	SHANTINIKETAN COLLEGE OF PHARMACY Gat No. 525, A/P-Dhotre Bk, Tehsil- Parner, District- Ahmednagar, (Maharashtra) Pin-414304 Tel No.- (0241) 2323911, Mob -9421439622 E –mail – swasthyadarpan@gmail.com
Year of starting of the course	2017-2018
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private – (Annexure I)
A – I. 2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Name of Organisation - Swasthyadarpan Aarogya Gramin Shaikshanik, Samajik, Yuva Vikas Pratishthan. Address - Shiv Hospital, Near Chandan Estate, Burudgaon Road, Ahmednagar.414001. Tel No.- (0241) 2323911, Mob -9421439622 E –mail – swasthyadarpan@gmail.com
A – I. 3 Name, Designation & Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No Fax No. E-Mail	Name- Dr. Prashant Dattatrya Shinde Designation- President/Chairman Address - Shiv Hospital, Near Chandan Estate, Burudgaon Road, Ahmednagar.414001. Tel No.- (0241) 2323911, Mob -9421439622 E –mail – swasthyadarpan@gmail.com
A – I. 4 Name and Address of the Head of the Institution	Name- Dr. Prashant Dattatrya Shinde Designation- President/Chairman Address - Shiv Hospital, Near Chandan Estate, Burudgaon Road, Ahmednagar.414001. Tel No.- (0241) 2323911, Mob -9421439622 E –mail – swasthyadarpan@gmail.com

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 – New Proposal for 2017-18

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	2017-2018	-----	

b. APPROVAL STATUS:

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm		Approval Letter No and Date	New College , applying for academic Year 2017-18.		
		Approved Intake			
		Actually Admitted			

c. STATUS OF APPLICATION

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
D. 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 in the same

Building / campus? If yes, give status

Yes No

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
With complete postal Address,
Telephone No. and STD Code.

Maharashtra State
Board of Technical Education,
49, Kherwadi, Bandra(E) ,
Mumbai.
(022) 26477208

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B -I .1 Name of the Principal		New Institute			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		05 years		
	PhD (Desirable)		02 years		

* 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		New Application		

* Enclose Documents

B -I .3

Pay Scales: (New Institute)

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

B -I .4

D. Pharm Course: Admission statement for the past three years (New Application)

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

B -I .5

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

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm	New Application		

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	New Institute
NSS Programme Officer's Name	New Institute
Programme conducted (mention details)	New Institute
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No ✓
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared

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

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

Note: Enclose relevant documents

Attached Audit Report of trust.

(Annexure II)

Attached account statement of Trust.

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Building : Own/Rented/Leased

b. Land: **2 Acres**

i) Leased or own Leased Own

Sale / Agreement deed (records to be enclosed) : **Enclosed (Annexure III)**

c. Building: Leased Own

i) Leased/Rented † (Record to be enclosed) :

ii) If Own (Approved Building plan & sale deed to be enclosed) : **Enclosed (Annexure IV)**

d. Total Area of the college building in Sq.mts : Built up Area **2354.76 Sq.mts**

Amenities and Circulation Area **800 Sq. mts.**

2. Class rooms:

Total Number of Class rooms provided

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

(* To accommodate 60 students)

3. Laboratory requirement

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	05	375	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 05 Laboratories 01 (10 sq.mts)		75.15 Sq. mtr area available for each lab	
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)	03	30	
4	Area of the Machine Room	100 Sq mts	01	100	
5	Aseptic Room	25 Sq mts	01	25	
6	Store Room – I	1 (Area 20 Sq mts)	01	20	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	20	

* 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 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	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		150 Sq mts	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	100 Sq mts	

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	40 Sq mts	01	40 Sq mts	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	40 Sq mts	
3	Toilet Blocks for Boys	01	25 Sq mts	01	25 Sq mts	
4	Toilet Blocks for Girls	01	25 Sq mts	01	25 Sq mts	
5	Canteen (Desirable)	01	100 Sq mts	01	100 Sq	
6	Drinking Water facility Water Cooler (Essential)	01		01		
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy			
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)			
9	Power Backup Provision (Desirable)	01		01		

6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	20	1	75 Sq mts	
Printers	1 printer for every 10 computers	02	1	10 Sq mts	
Xerox Machine	01	01			
Multi Media Projector	02	02			

7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	NA			
Staff quarters	6 x 80 Sq. mts	NA			
Parking Area for staff and students		NA			
Bank Extension Counter		NA			
Co operative Stores		NA			
Guest House	80 Sq. mts	NA			
Transport Facilities for students		NA			
Medical Facility (First Aid)		01	20 Sq. mts		

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	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	80	850	
2	Annual addition of books		75 books per year	75		
3	Periodicals Hard copies / online		06 National Journals Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.	06		
4	Library Timings					

8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	07	70	
2	Pharmaceutical Chemistry – I	07	65	
3	Pharmacognosy	08	60	
4	Biochemistry and Clinical Pathology	07	75	
5	Human Anatomy and Physiology	07	80	
6	Health Education and Community Pharmacy	06	90	
7	Pharmaceutics – II	07	65	
8	Pharmaceutical Chemistry – II	07	80	
9	Pharmacology and Toxicology	06	65	
10	Pharmaceutical Jurisprudence	06	60	
11	Drug Store and Business Management	06	70	
12	Hospital and Clinical Pharmacy	06	70	

8.C. Library Staff: Attached affidavit (ANNEXURE V)

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

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: New Institute

Theory

Practicals

(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

2. Date of Commencement of session:

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

No of Days

No of Days

3. Vacation:

Summer:

Winter:

4. Total Number of working days:

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	
I D. Pharm							
Pharmaceutics – I	75	New Institute	100	New Institute	25	New Institute	
Pharmaceutical Chemistry – I	75		75		25		
Pharmacognosy	75		75		25		
Biochemistry and Clinical Pathology	50		75		25		
Human Anatomy and Physiology	75		50		25		
Health Education and Community Pharmacy	50		----		----		
II D. Pharm							
Pharmaceutics – II	75	New Institute	100	New Institute	25	New Institute	
Pharmaceutical Chemistry – II	100		75		25		
Pharmacology and Toxicology	75		50		25		
Pharmaceutical Jurisprudence	50		----		----		
Drug Store and Business Management	75		----		----		
Hospital and Clinical Pharmacy	75		50		25		

As the college will commenced in Academic Year 2017-2018, No academic details are provided.

Signature of the Head of the Institution

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	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 D. Pharm	New Institute								
II D. Pharm									

9. Workload of Faculty members for D. Pharm

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector	
			I D. Ph		II D. Ph				
			Th	Pr	Th	Pr			
								New Institute	

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 format mentioned below:

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

2. Qualification and number of Staff Members

Number of staff members required: 07

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

3. Details of Faculty Retention for:

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

4. Details of Faculty Turnover

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

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			New Institute
2	Laboratory Assistants/ Attenders	04	SSLC			
3	Office Superintendent	01	Degree			
4	Accountant cum Clark	01	Degree			
5	Store keeper	01	D. Pharm			
6	Computer Data Operator	01	10+2 with computer training			
7	Peon	02	SSLC			
8	Cleaning personnel	04	---			
9.	Gardener	01	---			

(Annexure V)

Signature of the Head of the Institution

Signature of the Inspectors

Signature of the Head of the Institution

Signature of the Inspectors

7. Scale of pay for Teaching faculty (to be enclosed):New Institution

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					
Attached Affidavit																

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

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

10. Scope for the promotion for faculty: Promotions NA Yes No

11. Gratuity Provided NA Yes No

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

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

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation Programs NA Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: (Essential) As New Institution.

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

Signature of the Head of the Institution

Signature of the Inspectors

1. Financial Resource allocation and utilization for the past three years: For 2017-2018

(Audited Accounts for the previous year to be enclosed)

Sl No.	Expenditure in Rs. (For Furniture)			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
	3 Lac	50,000/-	1,32,000/-							

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	1 Lac	80,000/-	Chemicals			Chemicals			
	Glassware	50,000/-	40,000/-	Glassware			Glassware			

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			15marks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	10 Lac	8 Lac	Equipment			Equipment			

Signature of the Head of the Institution

Signature of the Inspectors

4. Total amount spent on Books and Journals for the past three years: 2017-18

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	2 Lac	1.5 Lac							
2	Journals	25000	10,000/-							

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

Enclosed as (Annexure VI)

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS
Department wise List of Minimum equipments required for D. Pharm

PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	05	Order Placed the Xerox Copy Attached Annexure VI	
2	Conical Percolator	05	05		
3	Tincture Press	01	01		
4	Hand Grinding Mill	01	01		
5	Disintegrator	01	01		
6	Ball mill	01	01		
7	Hand operated Tablet machine	01	01		
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01		
9	Polishing pan laboratory size	01	01		
10	Monsanto's hardness tester	01	01		
11	Pfizer type hardness tester	01	01		
12	Tablet disintegration test apparatus IP	01	01		
13	Tablet dissolution test apparatus IP	01	01		
14	Granulating sieve set	10	10		
15	Tablet counter – small size	05	05		
16	Friability tester	01	01		
17	Collapsible tube – Filling and sealing equipment	01	01		
18	Capsule filling machine – Lab size	01	01		
19	Digital balance	01	01		
20	Distillation unit for distilled water	02	02		
21	Deionisation unit	01	01		
22	Glass distillation unit for water for injection	01	01		
23	Ampoule washing machine	01	01		
24	Ampoule filling and sealing machine	01	01		
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	Adequate		
26	Millipore filter (3 grades)	Adequate	Adequate		

Signature of the Head of the Institution

Signature of the Inspectors

27	Autoclave	01	01	Order Placed. The Xerox Copy Attached Annexure VI
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 numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.

PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Refractometer	01	01	Order Placed. The Xerox Copy Attached Annexure VI	
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 numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.

Signature of the Head of the Institution

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

31	Human skeleton	1	1	Order Placed. The Xerox Copy Attached (Annexure VI)
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1 set	1 set	
33	Electro-convulsimeter	1	1	
34	Stop watch	Adequate	Adequate	
35	Clamp, boss heads, screw clips	Adequate	Adequate	
36	Syme's Cannula	Adequate	Adequate	

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

PHARMCOGNOSY LABORATORY

Equipment:

Sl No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Projection Microscope	01	01	Order Placed. The Xerox Copy Attached (Annexure VI)	
2	Charts (different types)	Adequate	Adequate		
3	Models (different types)	Adequate	Adequate		
4	Permanent Slides	Adequate	Adequate		
5	Slides and Cover Slips	Adequate	Adequate		

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

PHARMACY PRACTICE LABORATORY

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Order Placed. The Xerox Copy Attached (Annexure VI)

NOTE: Adequate numbers of glassware 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.

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

NA

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

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 : _____