

# PHARMACY COUNCIL OF INDIA

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

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

(SIF-B)

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

<b>A – I.1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	PONNAIYAH RAMAJAYAM INSTITUTE OF SCIENCE AND TECHNOLOGY (PRIST) UNIVERSITY MANAMAI-NALLUR, MAHAPALIPURAM, THIRUKALUKUNDRAM TALUK, KANCHIPURAM DISTRICT, TAMILNADU-603109 044-27484800 koumar@gmail.com
Year of starting of the course	2016
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	SCHOOL OF PHARMACY UNDER UNIVERSITY
<b>A – I.2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail : Web Site:	PONNAIYAH RAMAJAYAM INSTITUTE OF SCIENCE AND TECHNOLOGY (PRIST) TRUST 33-34, NATARAJAPURAM SOUTH, MEDICAL COLLEGE ROAD, THANJAVUR-613007 04362 265017 (04362)265150 vicechancellor@prist.ac.in www.prist.ac.in
<b>A – I.3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Dr.KAILASAM KOUMARAVELOU M.Pharm,Ph.D, DEAN, SCHOOL OF PHARMACY PONNAIYAH RAMAJAYAM INSTITUTE OF SCIENCE AND TECHNOLOGY (PRIST) UNIVERSITY MANAMAI-NALLUR, MAHAPALIPURAM, THIRUKALUKUNDRAM TALUK, KANCHIPURAM DISTRICT, TAMILNADU-603109 9443309034 koumar@gmail.com
<b>A – I.4</b> Name and Address of the Head of the Institution	Dr..KAILASAM KOUMARAVELOU, 9443309034

A – I. 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

**a. Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2016-2017	DD No: 234004	27.08.15	

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2016-2017	<b>Approval Letter No and Date</b>	32-1208/2015-PCI/1325-25 Dt-29-04-2016			
		<b>Approved Intake Actually</b>	60			
		<b>Admitted</b>	23	NOT APPLICABLE		

**c. STATUS OF APPLICATION**

**COURSES INSPECTED FOR**

Faculty / Subject	Extension of Approval	Increase in Intake of Seats	Remarks Current Intake
B. Pharm	Yes	No	60

**Note: Enclose relevant documents**

**A –I. 6**

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

**Building / campus? If Yes, Give Details**

Yes

No

**A – I. 6 a**

**Status of the Pharmacy Course:**

**Independent Building**

**Wing of another college**

**Separate Campus**

**Multi Institutional Campus**

**Examining Authority :**

**Controller of Examinations, PONNAIYAH RAMAJAYAM INSTITUTE OF SCIENCE AND TECHNOLOGY (PRIST) UNIVERSITY,VALLAM,THANJAVUR-613403**

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

**04362-265019**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**B - DETAILS OF THE INSTITUTION**

<b>B -I .1</b> Name of the Principal		DR. KAILASAM KOUMARAVELOU			
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm		15 years, out of which 5 years as Prof. / HOD	18 YRS	
	PhD		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 - YES

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

\* Enclose Documents

**B -I .3**

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

**B -I .4**

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
<b>Teaching Staff</b>	<b>AICTE /UGC/State Govt. Yes</b>	Yes	Yes	Yes	
<b>Non- Teaching Staff</b>	<b>State Government Yes</b>	Yes	Yes	Yes	

**B -I .5**

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

ACADEMIC YEAR	Year 2016-17	Year 200-	Year 200-
<b>Sanctioned</b>			
<b>No. of Admissions</b>	60		
<b>Unfilled Seats</b>	23		
<b>No. of Excess Admissions</b>	47		

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**

<b>ACADEMIC YEAR</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>1<sup>st</sup> year</b>	NOT APPLICABLE		
<b>2<sup>nd</sup> year</b>			
<b>3<sup>rd</sup> year</b>			
<b>Final year</b>			
<b>Pass % (Final Year)</b>			

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

Whether college has NSS Unit (Yes/No)? If no give reasons	N.A
NSS Programme Officer's Name	N.A
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	N.A
Physical Instructor	Available
Sports Ground	Individual / Shared

**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<sup>†</sup>:  
 i) Approved Building plan, to be Enclosed : **Enclosed**
- e. Total Built Area of the college building in Sq.mts : Built up Area   
 Amenities and Circulation Area

**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	04		90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	374	

(\*To accommodate 60 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	12/1085	
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 *	03/284 02/187 01/092 02/186 01/093 01/091	
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)	10/115	
4	Area of the Machine Room	80-100 Sq.mts	112	
5	Central Instrumentation Room	80 Sq.mts with A/ C	88	
6	Store Room – I	1 (Area 100 Sq mts)	1/124	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	1/28	

\*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	36	
2	Office – I - Establishment	01	60 Sq. mts	01	68	
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	04	90	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	08	94	

**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	81	
2	Library	01	150 Sq mts	01	154	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	01	55	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	615	
5	Seminar Hall	01		01	323	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	---	

Signature of the Head of the Institution

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	01	68	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	68	
3	Toilet Blocks for Boys	01	24 Sq.mts	01	31	
4	Toilet Blocks for Girls	01	24 Sq.mts	01	31	
5	Drinking Water facility – Water Cooler (Essential).	01		02	--	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	01 (25 Rooms)	512	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01 (25 Rooms )	437	
8	Power Backup Provision (Desirable)	01		01	--	

**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	126	
Computer (Latest Configuration)	1 system for every 10 students	60	124	
Printers	1 printer for every 10 computers	05	--	
Multi Media Projector	01	03	---	
Generator (5KVA)	01	01	---	

Signature of the Head of the Institution

Signature of the Inspectors



### 9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	01	82		
Staff quarters	16 x 80 Sq. mts	16	1296		
Canteen	100 Sq. mts	01	112		
Parking Area for staff and students		02	215		
Bank Extension Counter		01			
Co operative Stores		01	32		
Guest House	80 Sq. mts	01	85		
Transport Facilities for students		05	--		
Medical Facility (First Aid)		YES	--		

### 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	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy			NOT APPLICABLE
2	Annual addition of books		100 to 150 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals			
4	CDS		Adequate Nos	YES		
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	01		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01		
7	Library Automation and Computerized System					
8	<b>Library Timings</b>					

### 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	

Signature of the Head of the Institution

Signature of the Inspectors

**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.

**2. Scheme of B. Pharm Course:                      Annual                      SEMESTER**

**3. Date of Commencement of session / sessions:**

<b>Commencement</b>	<b>Completion</b>
02/08/2016	DD/MM/YY

**4. Vacation:**

No of Days	No of Days
<b>Summer:</b> <input style="width: 50px; text-align: center;" type="text" value="30"/>	<b>Winter:</b> <input style="width: 50px; text-align: center;" type="text" value="30"/>

**5. Total No. of working days:**                     

**6. Time Table:**

Time Table for B. Pharm course Enclosed                      Yes                       No

**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	2	3	4	5		
PHARM.CHEM	75	43	75	36	12 X 3Hrs	
PHARM.ANAL	75	50	75	42	14 X 4 Hrs	
PHARMACO	75	30	75	27	09 X 03 Hrs	
BCA	75	30	75	15	5 X 3 Hrs	
MATHS	100	50	N.A	N.A	N.A	

**II 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	2	3	4	5		
NOT APPLICABLE						

**III B. Pharm:**

Signature of the Head of the Institution

Signature of the Inspectors

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	2	3	4	5		
NOT APPLICABLE						

**IV 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	2	3	4	5		
NOT APPLICABLE						

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

Yes

No

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

Three years.

A.

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures			
Seminars			
Workshops			
Symposia	NOT APPLICABLE		

B. Papers Presented / Published during last three years

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
Published						
Presented	NOT APPLICABLE					

Signature of the Head of the Institution

Signature of the Inspectors

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

Yes  No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	NOT APPLICABLE						
II B. Pharm							
III B. Pharm							
IV B. Pharm							

**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	NOT APPLICABLE								
II B. Pharm									
III B. Pharm									
IV B. Pharm									

**12. Work load of Faculty members for B. Pharm**

Sl. No	Name of the Faculty	Subjects taught	B. Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		
1	REKHA	P'ANA	03 h	03 h	06 h	
2	RAJEEV	P'CHE	03 h	03 h	06 h	
3	SELVA	P'COG	03 h	03 h	06 h	
4	KARTHI	MATHS	04 h	NIL	04 h	
5	NANDIN	BECA	03 h	03 h	06 h	

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

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared	NOT APPLICABLE		
No. of Students Qualified			
Percentage			

**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	NOT APPLICABLE
Industrial Tour	
Industrial Training	
No. of Resource Persons from the Industry for Guest Lectures	
No. of Collaboration projects with Industry	

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**

<b>Year</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>No. of students appeared for campus interview</b>			
<b>% Placed</b>	NOT APPLICABLE		

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

<b>Yes</b>	<b>No</b>
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**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART IV - PERSONNEL**

**TEACHING STAFF:**

1. Details of Teaching Faculty for B.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 PG			

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
04	01	02

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

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

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

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

Professor: Asst. Professor: Lecturer

Signature of the Head of the Institution

Signature of the Inspectors

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1	1	
	Lecturer	2		
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1	1	
	Lecturer	3		
Department of Pharmacology	Professor	1	1	
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1	1	
	Lecturer	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 60 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			
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC			
3	Office Superintendent	1	Degree			
4	Accountant	1	Degree			
5	Store keeper	1	D. Pharm/ Degree			
6	Computer Data Operator	1	BCA / Graduate with Computer Course			
7	Office Staff I	1	Degree			
8	Office Staff II	2	Degree			
9	Peon	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):**

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?**

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

**12. Scope for the promotion for faculty: Promotions**

Yes  No

**13. Gratuity Provided**

Yes  No

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

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/ No

Signature of the Head of the Institution

Signature of the Inspectors

**PART V - DOCUMENTATION****Records Maintained: Essential**

<b>Sl. No</b>	<b>Records</b>	<b>Yes</b>	<b>No</b>	<b>Remarks of the Inspectors</b>
1	Admissions Registers			
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**

**PART - VI**

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

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	

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

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

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

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment			Equipment			Equipment			

Signature of the Head of the Institution

Signature of the Inspectors

**4. Total amount spent on Books and Journals 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	
<b>1</b>	<b>Books</b>			<b>Books</b>			<b>Books</b>			
<b>2</b>	<b>Journals</b>			<b>Journals</b>			<b>Journals</b>			

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

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## 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 the Inspectors
1	Microscopes	15	15		
2	Haemocytometer with Micropipettes	20	20	20	
3	Sahli's haemocytometer	20	20	20	
4	Hutchinson's spirometer	01	01	01	
5	Sphygmomanometer	05			
6	Stethoscope	05	05	05	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system			
8	Models for various organs	One model of each organ system			
9	Specimen for various organs and systems	One model for each organ system			
10	Skeleton and bones	One set of skeleton and one spare bone			
11	Different Contraceptive Devices and Models	One set of each device			
12	Muscle electrodes	01	01		
13	Lucas moist chamber	01	01		
14	Myographic lever	01	01		
15	Stimulator	01	01		
16	Centrifuge	01	01		
17	Digital Balance	01	01		
18	Physical /Chemical Balance	01	01		
19	Sherrington's Kymograph Machine/ Polyrite	10	10		

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

**Apparatus:**

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

**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	15	15		
2	Digital Balance	02	02		
3	Autoclave	02	02		
4	Hot air oven	02	02		

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

**Apparatus:**

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

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

**DEPARTMENT OF PHARMACEUTICAL CHEMISTRY**

**Equipment:**

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

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

**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 Apparatus	20	20		
6	Nessler's Cylinders	40	40		

**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	10	10		
2	Homogenizer	05	05		
3	Digital balance	05	05		
4	Microscopes	05	05		
5	Stage and eye piece micrometers	05	05		
6	Brookfield's viscometer	01	01		
7	Tray dryer	01	01		
8	Ball mill	01	01		

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

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

**Apparatus:**

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

**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		
2	Lyophilizer (Desirable)	01	01		
3	Gel Electrophoresis (Vertical and Horizontal)	01	01		
4	Phase contrast/Trinocular Microscope	01	01		
5	Refrigerated Centrifuge	01	01		
6	Fermenters of different capacity (Desirable)	01	01		
7	Tissue culture station	01	01		
8	Laminar airflow unit	01	01		

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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	15		
13	Sonicator	01	01		
14	Respinometer	01	01		
15	BOD Incubator	01	01		
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. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the 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		

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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		

**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 de tails 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 af ter 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 .....

<b>Qualification</b>	<b>College &amp; University</b>	<b>Year</b>	<b>Registration No. with State Pharmacy Council</b>	<b>Name of the State Pharmacy Council</b>
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.



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

	<b>Amount Received</b>	<b>TDS</b>
April, 2013		
May, 2013		
June, 2013		
July, 2013		
August, 2013		
September, 2013		
October, 2013		
November, 2013		
December, 2013		
January, 2014		
February, 2014		
March, 2014		

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

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

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2012-2013.
2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such 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 : \_\_\_\_\_