

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B.Pharm for 100 admns.

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

(SIF-B-1)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 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	Dr. Kalam College of Pharmacy, Periyanaayagipuram (V) & Panchayat, Avanam (P),Peravurani (T) Thanjore Dist. Phone: +91 9444086390 Fax: 04373292733 drkalampharmacycollege@gmail.com
Year of starting of the course	Degree - <u>2018-2019</u>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private Copy of Registration 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:	Unity Educational and Charitable Trust, 2/127,Muslim Street, Periyanaayagipuram (V) & Panchayat, Avanam (P),Peravurani (T) Thanjore Dist. 04373 292733 04373-292733 rm_sundaram36@yahoo.co.in www.drkalaminstitutions.com
A – I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Mr.S. Anwardeen, Chairman, Dr. Kalam College of Pharmacy, Periyanaayagipuram (V) & Panchayat, Avanam (P),Peravurani (T) Thanjore Dist. 04373 292733 +91 9444086390, 04373-292733 rm_sundaram36@yahoo.co.in
A – I.4 Name and Address of the Head of the Institution	Dr.R. Meenakshi Sundaram Dr. Kalam College of Pharmacy, Periyanaayagipuram (V) & Panchayat, Avanam (P),Peravurani (T) Thanjore Dist.
A – I.4 a) Whether the Jan Aushadhi Medical Store has been opened by your institution	<input checked="" type="checkbox"/> Yes / No (Please tick (✓) the relevant portion)

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: Annexure-2

Name of the Course	Affiliation Fee paid up to	Receipt No.	Dated	Remarks of the Inspectors
B.Pharm	2018-19	503158	28.08.2017	ICICI

b. APPROVAL STATUS: New Institution AWAITING APPROVAL

Name of the Course	Approved up to	In take Approved and Admitted	PCI	State Govt.	University	Remarks of the Inspectors
B.Pharm	New Institution	Approval Letter No and Date	
		Approved Intake				
		Actually Admitted	-			

c. STATUS OF APPLICATION

COURSES INSPECTED FOR

Faculty / Subject	Extension of Approval	Increase in Intake of Seats	Remarks	
			Current Intake	Proposed increase in Intake
B.Pharm				100 SEATS

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

-DR KALAM POLYTECHNIC COLLEGE

A - I. 6 a

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

Examining Authority With complete postal Address, Telephone No. and STD Code.	:	For Degree course
		The Tamil Nadu Dr. M.G.R. Medical University No. 69, Anna Salai, Guindy, Chennai - 600 032, Tamilnadu, India. www.tnmgrmu.ac.in , PHONE:+91 44 22353574

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B -I.1 Name of the Principal		Dr. R.Meenakshi Sundaram			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		15 years, out of which 5 years as Prof. / HOD	24 years	– Annexure-3
	Ph.D.		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 – New Institution Awaiting Approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm				NA

* Enclose Documents

B -I.3

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

* Documentary evidence should be provided – Annexure-4

B -I.4

Pay Scales:

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.5

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

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

*N.A=Not Applicable

Signature of the Head of the Institution

Signature of the Inspectors

B –I.6

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

ACADEMIC YEAR	Year 2015-16	Year 2016-17	Year 2017-18
1st year	- NA -	- NA -	- NA -
2nd year	- NA -	- NA -	- NA -
3rd year	- NA -	- NA -	- NA -
Final year	- NA -	- NA -	- NA -
Pass % (Final Year)	- NA -	- NA -	- NA -

*N.A=Not Applicable

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

Whether college has NSS Unit (Yes/No)? If no give reasons	No
NSS Programme Officer's Name	No
Programme conducted (mention details)	No
Whether students participating in University level cultural activities / Co- curricular/sports activities	- NA -
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		
Total			7.	Others		
			8.	Misc. Expenditure		
			Total			

Note: Enclose relevant documents – Annexure-5

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE – Annexure-6 A & B

1. a. Availability of Land (D.Pharm /B. Pharm courses) : **Available / ~~Not Available~~**
 a) 2.5 acres District HQ/Corporation/Municipality limit
 b) 0.5 acre for City / Metros
 b. Building[†] : **Own/~~Rented~~/~~Leased~~**
 c. Land Details to be in name of Trust and Society **Annexure-6 A**
 i) Own - Records to be enclosed
 Sale deed : **Enclosed/~~Not available~~**
 d. Building: **Annexure-6 B**
 i) Approved Building plan, (to be enclosed) : **Enclosed/~~Not available~~**
 e. Total Built Area of the college building in Sq.mts : Built up Area

2537 Sq.mts

 Amenities and Circulation Area

909 Sq.mts

2. Class rooms:

Total Number of Class rooms provided for at the end of year course

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	02	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	02 X 161.0 Sq.Mt. 04 X 95.11 Sq.Mt. (Proposed)	

(*To accommodate 60 students)

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

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq Ft.	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	6 X 97.0 Sq.Mt. 6 X 96.0 Sq.Mt. (Proposed)	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm and D.Pharm Course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	2 X 97.0 Sq.Mt. 2 X 97.0 Sq.Mt. - 1 X 97.0 Sq.Mt. 1 X 97.0 Sq.Mt. - 06 (582 Sq.Mt.) 06 (582 Sq.Mt.) (Proposed)	
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)	02 X 10.2 Sq.Mt. 01 X 10.2 Sq.Mt.(Proposed)	
4	Area of the Machine Room	80-100 Sq.mts	01 X 105.0 Sq.Mt	
5	Central Instrumentation Room	80 Sq.mts with A/ C	01 X 76.0 Sq.Mt. (Proposed)	
6	Store Room – I	1 (Area 100 Sq mts)	01 X 32.5 Sq.Mt.	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01 X 20.00 Sq.Mt.	

***Number of laboratories required for both D. Pharm and B. Pharm.**

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	1	01X 30.66 Sq.Mt.	
2	Office – I - Establishment	01	60 Sq. mts	1	01 X 40.45 Sq.Mt.	
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		01 X 21.97 Sq.Mt. 03 X 22.42 Sq.Mt. (PROPOSED)	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)		01 X 21.97 Sq.Mt. 04 X 40.44 Sq.Mt. (PROPOSED)	

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	1	0	
2	Library	01	150 Sq mts	1	146	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	52	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	234	
5	Seminar Hall	01		1	1 X 190.00 Sq.Mt. (PROPOSED)	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1	100	

Signature of the Head of the Institution

Signature of the Inspectors

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	40.27 Sq.Mt.	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	45.27 Sq.Mt.	
3	Toilet Blocks for Boys	01	24 Sq.mts		01 X 29.27 Sq.Mt. 03 X 28.53 Sq.Mt. (PROPOSED)	
4	Toilet Blocks for Girls	01	24 Sq.mts		02 X 29.27 Sq.Mt. 02 X 28.53 Sq.Mt. (PROPOSED)	
5	Drinking Water facility – Water Cooler (Essential).	01		Available		
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	Available		
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	Available		
8	Power Backup Provision (Desirable)	01		Available		

7. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	75	
Computer (Latest Configuration)	1 system for every 10 students (UG & PG)	30	N.A	
Printers	1 printer for every 10 computers	3		
Multi Media Projector	01	01		
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		Under Progress		
Staff quarters	16 x 80 Sq. mts		Under Progress		
Canteen	100 Sq. mts	1	√		
Parking Area for staff and students		1	√		
Bank Extension Counter			Under Progress		
Co operative Stores			Under Progress		
Guest House	80 Sq. mts	2	80		
Auditorium			√		
Seminar Hall			√		
Transport Facilities for students			√		
Medical Facility (First Aid)		1			

10. A. Library books and periodicals: Annexure – 11

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	150	1500	
2	Annual addition of books		150 to 200 books per year	-	-	
3	Periodicals Hard copies / online		10 National 05 International periodicals	10 National	5 International	
4	CDS		Adequate Nos	YES		
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	YES		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01		
7	Library Automation and Computerized System :			Yes		
8	Library Timings:			08:30 A.M to 05:30 P.M		

10.B. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	1	01	
2	Assistant Librarian	D. Lib	1	01	
3	Library Attenders	10 +2 / PUC	2	02	

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum: Annexure – 7 (As per PCI Curriculum)

1. Student Staff Ratio: Theory **100:1** Practicals **35:2** Remarks of the Inspectors

(Required ratio --- Theory → 60:1 and Practicals → 20:1) If more than 20 students in 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:

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

4. Vacation: Summer: No of Days **30** Winter: No of Days **15**

5. Total No. of working days

Year – 180 to 190 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		
Not Applicable-FRESH/NEW APPROVAL						

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-FRESH/NEW APPROVAL						

Signature of the Head of the Institution

Signature of the Inspectors

III B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1						
Not Applicable-FRESH/NEW APPROVAL						

IV B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1						
Not Applicable-FRESH/NEW APPROVAL						

8. Whether Tutorials are being conducted (if any, as per university norms) Yes No

9. Number of Guest Lectures / Seminars / Workshops / Symposia / Presentations conducted during last Three years.

- Not Applicable --FRESH/NEW APPROVAL

A.

Name of the Event	Year 2015-16	Year 2016-17	Year 2017-18
Guest Lectures	-	-	-
Seminars	-	-	-
Workshops	-	-	-
Symposia	-	-	-

B. Papers Presented / Published during last three years

	Year 2015-16		Year 2016-17		Year 2017-18	
	National	International	National	International	National	International
Published	-	-	-	-	-	-
Presented	-	-	-	-	-	-

Signature of the Head of the Institution

Signature of the Inspectors

**10. Whether Internal Assessments are conducted periodically as per university norms
- Not Applicable --FRESH/NEW APPROVAL**

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	
B.PHARM							
I B.Pharm	-	-	-	-	-	-	
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	-	-	-	-	-	-	-	-	
II B.Pharm	-	-	-	-	-	-	-	-	
III B.Pharm	-	-	-	-	-	-	-	-	
IV B.Pharm	-	-	-	-	-	-	-	-	

12. Work load of Faculty members for B. Pharm - Not Applicable –

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

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

Details	Year 2015-16	Year 2016-17	Year 2017-18
No. of Students Appeared	Not Applicable-FRESH/NEW APPROVAL		
No. of Students Qualified			
Percentage			

14. Whether the Institution has an Industry – Institution Interaction cell Yes No
For B. Pharm

If applicable please give the details for the previous Year

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	

Signature of the Head of the Institution

Signature of the Inspectors

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

Year	Year 2015-16	Year 2016-17	Year 2017-18
No. of students appeared for campus interview	Not Applicable-FRESH/NEW APPROVAL		
% Placed			

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

Yes	No
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Not Applicable-FRESH/NEW APPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

PART IV – PERSONNEL

TEACHING STAFF: Annexure-8

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			
List Enclosed								

2. Qualification and number of Staff Members

Qualification		
M. Pharm	Ph.D.	Others
11	03	03(Part Time) & 01 (B.Pharm)

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

4. Staff Pattern for B. Pharm courses department wise :

Professor : Asst. Professor : Lecturer

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

5. 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

6. Details of Faculty Retention for:

Name of Faculty Member	Period	%
Not Applicable (New Institution)	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
	Less than 5 yrs.	

7. Details of Faculty Turnover:

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

Signature of the Head of the Institution

Signature of the Inspectors

**8. Number of Non-teaching staff available for B.Pharm course for intake of 100 Students:
Annexure-9**

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	B.Sc., & M.Sc.	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	5	B.Sc.&10+2	
3	Office Superintendent	1	Degree	1	MBA	
4	Accountant	1	Degree	1	B.Sc.,	
5	Store keeper	1	D. Pharm/ Degree	1	B.Sc.,	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	B.Sc.,	
7	Office Staff I	1	Degree	1	10+2	
8	Office Staff II	2	Degree	2	10+2	
9	Peon	2	SSLC	2	10+2	
10	Cleaning personnel	Adequate	---	6	-	
11	Gardener	Adequate	---	5	-	

Signature of the Head of the Institution

Signature of the Inspectors

9. Scale of pay for Teaching faculty (to be enclosed): Annexure-10

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					

10. Whether facilities for Research / Higher studies are provided to the faculty? Yes **No**
 (Inspectors to verify documents pertaining to the above)

11. Whether faculty members are allowed to attend workshops and seminars? Yes **No**
 (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): Annexure-9

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

Sl. No	Records	Yes	No	Remarks of the Inspectors
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	--	√	

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PART – VI

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

Not Applicable (New Institution)

Sl No.	Expenditure in Rs.			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	

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			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

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

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	
	Equipment			Equipment			Equipment			

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

SI 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			Books			Books			
2	Journals			Journals			Journals			

*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 Annexure – 12

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	20	15	Yes	
2	Haemocytometer with Micropipettes	20	30	”	
3	Sahli’s haemocytometer	20	20	”	
4	Hutchinson’s spirometer	01	01	”	
5	Spygmomanometer	10	09	”	
6	Stethoscope	10	05	”	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	10 05 15	”	
8	Models for various organs	One model of each organ system	15	”	
9	Specimen for various organs and systems	One model for each organ system	15	--	
10	Skeleton and bones	One set of skeleton and one spare bone	1 set	”	
11	Different Contraceptive Devices and Models	One set of each device	2	”	
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	YES	
23	Computer with LCD	01	01	”	
24	Software packages for experiment	01	01	”	
25	Standard graphs of various drugs	Adequate number	Available	”	
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	YES	
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	20	15	Yes	
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	Yes	
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	20	15	”	
13	Eye piece micrometer	20	15	”	
14	Incinerator	01	01	”	
15	Moisture balance	01	01	”	
16	Heating mantle	20	15	”	
17	Flourimeter	01	01	”	
18	Vacuum pump	02	02	”	
19	Micropipettes (Single and multi channeled)	05	02	”	
20	Micro Centrifuge	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	Yes	
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:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	02	Yes	
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	01	Yes	
2	Reflux flask and condenser single necked	20	3	”	
3	Reflux flask and condenser double / triple necked	20	20	”	
4	Burettes	100	70	”	
5	Arsenic Limit Test Apparatus	25	2	”	
6	Nessler's Cylinders	50	19	”	

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	20	02	”	
2	Homogenizer	10	05	Yes	
3	Digital balance	05	05	”	
4	Microscopes	10	05	”	
5	Stage and eye piece micrometers	15	05	”	
6	Brookfield's viscometer	01	01	”	
7	Tray Drier	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	”	
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	02	01	”	
22	Monsanto’s hardness tester	01	01	”	
23	Pfizer type hardness tester	02	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 variable speed control	05 EACH 10	10	”	
30	Digital pH meter	01	02	”	
31	All purpose equipment with all accessories	01	01	Yes	
32	Aseptic Cabinet	01	01	”	
33	BOD Incubator	02	01	”	
34	Bottle washing Machine	01	01	”	
35	Bottle Sealing Machine	01	01	”	
36	Bulk Density Apparatus	02	01	”	
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 stirrers with speed regulator	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	20	15	Yes	
2	Stalagmometer	20	15	”	
3	Desiccator*	10	05	”	
4	Suppository moulds	20	20	”	
5	Buchner Funnels (Small, medium, large)	05 each	16, 05	”	
6	Filtration assembly	01	01	”	
7	Permeability Cups	05	05	”	
8	Andreason's Pipette	05	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	Yes	
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	01	”	
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	Yes	
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	”	

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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