

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: Rama & Krishna College of Pharmacy Complete Postal address: Vill. Maksuspur RO Hamidpur, Haryana STD code: 01282 Telephone No. 206060, 61 Fax No. 01282 – 253830 E-mail Opy281@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
A – I. 2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Rama & Krishna Rural Educational and Research Society 01282 – 206060,61 01282– 253830 Opy281@gmail.com rkeducationgroup.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	Dr. Raj Kumar Sharma President of Rama & Krishna Rural Educational and Research Society 01282 206060, 61 Ram Nursing home Singhana Road Narnaul 123001 Distt. Mohindergarh, Haryana 9416704677 01282– 253830 drrajkumarsharma@gmail.com
A – I. 4 Name and Address of the Head of the Institution	New institute (Recruitment under Process)

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 Institute

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	75000	163233	29/08/2016

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	Applied	Conditional approval by HSBTE	
		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	No	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 checked="" type="checkbox"/>

Examining Authority :
With complete postal
Address, Telephone No.
and STD Code.

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B -I .1 Name of the Principal		Atul Kumar			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	Yes	05 years	7.10yrs	
	PhD (Desirable)	No	02 years		

* Documentary evidence should be provided

B -I .2

For institution seeking continuation of approval:- **New Institute**

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 Institute	New Institute	New institute

* Enclose Documents

B -I .3 Pay

Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt.	N/A New Institute	N/A New Institute	N/A New Institute	
Non-Teaching Staff	State Government	New Institute	New Institute	New Institute	

B -I .4

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

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

B -I .5

New

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

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

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	
Programme conducted (mention details)	
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 15-16

C .1 Resources and funding agencies (give complete list):-Audit report for the FY 2015-16 enclosed.

C .2 Please provide following Information

Receipts			New Institute Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	NIL	CAPITAL EXPENDITURE			
2.	Tuition Fee	NIL	1.	Building	48707190	As on march 2016
3.	Library Fee	NIL NIL	2.	Equipment	367769	Purchased during 16-17
4.	Sports Fee	NIL	3.	Others Glassware & others	133548	During FY 16-17
5.	Union Fee	N/A	REVENUE EXPENDITURE			
6.	Others		1	Salary	NIL	
	Corpus fund	1659205	2.	MAINTENANCE EXPENDITURE		
	Secured loan	15820000		i	College	NIL
	Unsecured loan	40398900		ii	Others	78000
			3.	University Fee (If any)	N/A	
			4.	Apex Bodies Fee	PCI - 75000	
			5.	Government Fee	AICTE - 900000	
			6.	Deposit held by the College	In favor of AICTE -1500000	
			7.	Others	NIL	
			8.	Misc.Expenditure	NIL	
	Total	57878105	Total		51761507zfd	

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1.a. Building : **Own/Rented/Leased :- Own**

b. Land:

i) Leased or own

Leased Own Own

Enclosed/Not available:-

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

c. Building:

Leased N/A Rented N/A

i) Leased/Rented † (Record to be enclosed) : **Enclosed/Not available:- N/A**

ii) If Own (Approved Building plan & sale deed to be enclosed) : **Enclosed/Not available:- Enclosed**

d. Total Area of the college building in Sq.mts : Built up Area 377 0 sqm

Amenities and Circulation Area 1838sqm.

2. Class rooms:

Total Number of Class rooms provided

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts	190	

(* 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	419sqm	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy	01 Laboratory	01	83.84sqm	
		01 Laboratory	01	83.84sqm	
		01 Laboratory	01	83.84sqm	
		01 Laboratory	01	83.84sqm	
		01 Laboratory	01	83.84sqm	
	Total no. of Labs for D. Pharm Course	05 Laboratories			
	*Animal House	01 (10 sq.mts)	01	20sqm	
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)	05	65sqm	
4	Area of the Machine Room	100 Sq mts		110sqm	
5	Aseptic Room	25 Sq mts		46.46	
6	Store Room – I	1 (Area 20 Sq mts)		45sqm	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)		24sqm	

* 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	29sqm	
2	Office – I Including Confidential Room	01	40 Sq mts	01	107sqm	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	02	93sqm	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	220sqm	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	46.46sqm	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	300sqm	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	150sqm	

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	93.36	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	93.36	
3	Toilet Blocks for Boys	01	25 Sq mts	02	93.46	
4	Toilet Blocks for Girls	01	25 Sq mts	02	93.46	
5	Canteen (Desirable)	01	100 Sq mts	01	160sqm	
6	Drinking Water facility Water Cooler (Essential)	01		01	Yes	
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	00	No	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	00	No	
9	Power Backup Provision (Desirable)	01		01	Yes	

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	Yes	10	95.1sqm	
Printers	1 printer for every 10 computers	Yes	02		
Xerox Machine	01	Yes	01		
Multi Media Projector	02	Yes	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			Yes	
Staff quarters	6 x 80 Sq. mts			Yes	
Parking Area for staff and students			200sqm	Yes	
Bank Extension Counter			00	No	
Co operative Stores				No	
Guest House	80 Sq. mts			No	
Transport Facilities for students				Yes	
Medical Facility (First Aid)			32sqm	Yes	

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	134	848	
2	Annual addition of books		75 books per year	N/A		
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.	01 01 01 01 01 01	05 03 05 01 33 08	
4	Library Timings					

8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	7	100	
2	Pharmaceutical Chemistry – I	09	80	
3	Pharmacognosy	09	104	
4	Biochemistry and Clinical Pathology	16	100	
5	Human Anatomy and Physiology	33	157	
6	Health Education and Community Pharmacy	07	58	
7	Pharmaceutics – II	08	32	
8	Pharmaceutical Chemistry – II	07	94	
9	Pharmacology and Toxicology	28	63	
10	Pharmaceutical Jurisprudence	02	18	
11	Drug Store and Business Management	03	19	
12	Hospital and Clinical Pharmacy	05	23	

8.C. Library Staff:

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

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

N/A. New
Institution

Course Curriculum:

1. Student Staff Ratio:

Theory

Practicals

(Required ratio --- Theory → 60:1 and Practical → 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		100		25		
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		100		25		
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		

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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									
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		

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF:-

Principal appointed and rest of the staff are identified.

1. Details of Teaching Faculty for D. Pharm Course to be enclosed in the format mentioned below: list of identified staff with their qualification is attached.

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			

2. Qualification and number of Staff Members Number of staff members required: 07:- list of identified staff with their qualification is attached.

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

3. Details of Faculty Retention for: N/A. New Institute

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

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				

No. of Non-teaching staff available for D. Pharm course for intake of 60 Students:- list of identified Non-Teaching staff with their qualification is attached.

5.

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm			
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	---			

7. Scale of pay for Teaching faculty (to be enclosed): - N/A. 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					

8. Whether facilities for Research / Higher studies are provided to the faculty? - N/A

(Inspectors to verify documents pertaining to the above)

9. Whether faculty members are allowed to attend workshops and seminars? - N/A

(Inspectors to verify documents pertaining to the above)

10. Scope for the promotion for faculty: Promotions

Yes No

11. Gratuity Provided

Yes No

12. Details of Non-teaching staff members (list to be enclosed) :- list of identified Non- Teaching staff with their qualification is attached.

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

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

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 the previous year to be enclosed)**

Sl No.	2013-15 Expenditure in Rs.			2015-16 Expenditure in Rs.			2016-17 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	
	1,05,50000	324279	10191270	15600000	190879	15404755	16000000	300157	15539538	

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

Sl No.	2014-15 Expenditure in Rs.			2015-16 Expenditure in Rs.			2016-17 Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	NIL	NIL	Chemicals	NIL	NIL	Chemicals	80000	76378	
	Glassware	NIL	NIL	Glassware	NIL	NIL	Glassware	60000	57170	

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

Sl No.	2014-15 Expenditure in Rs.			2015-16 Expenditure in Rs.			2016-17 Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	NIL	NIL	Equipment	NIL	NIL	Equipment	400000	367769	

Signature of the Head of the Institution

Signature of the Inspectors

4. Total amount spent on Books and Journals for the past three years:- N/A. New Institute

Sl No.	2014-15 Expenditure in Rs.			2015-16 Expenditure in Rs.			2016-17 Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	NIL	NIL	NIL	NIL	NIL	175000	175000	172254	
2	Journals	NIL	NIL	NIL	NIL	NIL	25000	25000	21000	

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

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS
Department wise List of Minimum equipments required for 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	Yes	
2	Conical Percolator	05	05	Yes	
3	Tincture Press	01	01	Yes	
4	Hand Grinding Mill	01	03	Yes	
5	Disintegrator	01	01	Yes	
6	Ball mill	01	01	Yes	
7	Hand operated Tablet machine	01	01	Yes	
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01	Yes	
9	Polishing pan laboratory size	01	01	Yes	
10	Monsanto's hardness tester	01	01	Yes	
11	Pfizer type hardness tester	01	01	Yes	
12	Tablet disintegration test apparatus IP	01	03	Yes	
13	Tablet dissolution test apparatus IP	01	01	Yes	
14	Granulating sieve set	10	05	Yes	
15	Tablet counter – small size	05	01	Yes	
16	Friability tester	01	01	Yes	
17	Collapsible tube – Filling and sealing equipment	01	01	Yes	
18	Capsule filling machine – Lab size	01	01	Yes	
19	Digital balance	01	01	Yes	
20	Distillation unit for distilled water	02	02	Yes	
21	Deionisation unit	01	01	Yes	
22	Glass distillation unit for water for injection	01	01	Yes	
23	Ampoule washing machine	01	01	Yes	
24	Ampoule filling and sealing machine	01	01	Yes	
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	10	Yes	
26	Millipore filter (3 grades)	Adequate	02	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

27	Autoclave	01	01	Yes	
28	Hot air sterilizer	01	01	Yes	
29	Incubator	01	01	Yes	
30	Aseptic cabinet	01	01	Yes	
31	Ampoule clarity test equipment	01	01	Yes	
32	Blender	01	01	Yes	
33	Sieves set (Pharmacopoeial standard)	02	02	Yes	
34	Lab Centrifuge	01	12	Yes	
35	Ointment slab	Adequate	10	Yes	
36	Ointment spatula	Adequate	20	Yes	
37	Pestle and mortar porcelain	Adequate	10+10	Yes	
38	Pestle and mortar glass	Adequate	6+6	Yes	
39	Suppository moulds of three sizes	Adequate	5+5	Yes	
40	Refrigerator	01	01	Yes	

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	Yes	
2	Polarimeter	01	01	Yes	
3	Photoelectric colorimeter	01	02	Yes	
4	pH meter	01	02	Yes	
5	Atomic model set	02	02	Yes	
6	Electronic balance	01	01	Yes	
7	Periodic table chart	Adequate	02	Yes	

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	Yes	
2	Haemocytometer	10	10	Yes	
3	Student's organ bath	1	02	Yes	
4	Sherington's rotating drum	1	01	Yes	
5	Frog board	Adequate	05	Yes	
6	Tray (dissecting)	Adequate	04	Yes	
7	Frontal writing lever	Adequate	04	Yes	
8	Aeration tube	Adequate	01	Yes	
9	Telethermometer	1	01	Yes	
10	Pole climbing apparatus	1	01	Yes	
11	Histamine chamber	1	05	Yes	
12	Simple lever	Adequate	05	Yes	
13	Staring heart lever	Adequate	05	Yes	
14	Aerator	Adequate	05	Yes	
15	Histological Slides	Adequate	05	Yes	
16	Sphygmomanometer (B.P. apparatus)	5	05	Yes	
17	Stethoscope	5	5+5	Yes	
18	First aid equipment	Adequate	01	Yes	
19	Contraceptive device	Adequate	15	Yes	
20	Dissecting (surgical) instruments	Adequate	05	Yes	
21	Balance for weighing small Animals	1	01	Yes Yes	
22	Kymograph paper	Adequate	200	Yes Yes	
23	Actophotometer	1	01	Yes	
24	Analgesiometer	1	01	Yes	
25	Thermometer	Adequate	20	Yes	
26	Plastic animal cage	Adequate	05	Yes	
27	Double unit organ bath with thermostat	1	01	Yes	
28	Refrigerator	1	01	Yes	
29	Single pan balance	1	01	Yes	

30	Charts	Adequate	10	Yes	
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Signature of the Head of the Institution

Signature of the Inspectors

31	Human skeleton	1	01	Yes	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1 set	01	Yes	
33	Electro-convulsimeter	1	01	Yes	
34	Stop watch	Adequate	05	Yes	
35	Clamp, boss heads, screw clips	Adequate	20	Yes	
36	Syme's Cannula	Adequate	5+5	Yes	

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

PHARMCOGNOSY LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Projection Microscope	01	01	Yes	
2	Charts (different types)	Adequate	10	Yes	
3	Models (different types)	Adequate	10	Yes	
4	Permanent Slides	Adequate	25	Yes	
5	Slides and Cover Slips	Adequate	20	Yes	

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

PHARMACY PRACTICE LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	02	Yes	
2	Microscope	Adequate	04	Yes	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	25	Yes	
4	Watch glass	Adequate	36	Yes	
5	Centrifuge	1	01	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	1+1	Yes	
7	Filtration equipment	2	02	Yes	

Signature of the Head of the Institution

Signature of the Inspectors

8	Filling Machine	1	01	Yes	
9	Sealing Machine	1	01	Yes	
10	Autoclave sterilizer	1	01	Yes	
11	Membrane filter	1 Unit	01	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	05	Yes	
13	Small disposable membrane filter for IV admixture filtration	Adequate	05	Yes	
14	Laminar air flow bench	1	01	Yes	
15	Vacuum pump	1	01	Yes	
16	Oven	1	02	Yes	
17	Surgical dressing	Adequate	20	Yes	
18	Incubator	1	01	Yes	
19	PH meter	1	02	Yes	
20	Disintegration test apparatus	1	01	Yes	
21	Hardness tester	1	01	Yes	
22	Centrifuge	1	01	Yes	
23	Magnetic stirrer	1	02	Yes	
24	Thermostatic bath	1	01	Yes	

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

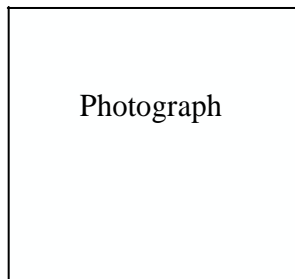
PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.



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.

::3::

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

	Amount Received	TDS
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 : _____

