

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 : K.K. Wagh Institute of Pharmacy
Complete Postal address : At Post Chandori, Tal. Niphad – 422 201,
Dist. Nashik
STD Code : 02550
Telephone No. : 233252
Fax No. : 233253
E-mail : secretary@kkwagh.edu.in
Year of starting of the course : June – 2018
Status of the course conducting body : Private
Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society / Trust) **Annexure – I**

A – I.2

Name, address of the Society / Trust / Management (attach documentary evidence) : K.K. Wagh Education Society
Hirabai Haridas Vidyagar, Amrutdham,
Panchavati, Nashik – 422 003

Annexure – I

STD Code : 0253
Telephone No. : 2221111, 2221104
Fax No. : 2518870
E-mail : secretary@kkwagh.edu.in
Web site : www.kkwagh.edu.in

Signature of the Head of the Institution

Signature of the Inspectors

A – I.3

Name, Designation and Address of person to be contacted by phone : Mr. R.B. Tiwari,
Registrar,
K.K. Wagh Education Society
Hirabai Haridas Vidyanagari, Amrutdham,
Panchavati, Nashik – 422 003

STD Code : 0253

Telephone No.

Office : 2221117, 2221111

Residence : 9011078441

Mobile No. : 9423179928, 9011078441

Fax No. : 2518870

E-mail : secretary@kkwagh.edu.in

A – I.4

Name and Address of the Head of the Institution : Prof. K.S. Bandi,
Secretary,
K.K. Wagh Education Society
Hirabai Haridas Vidyanagari, Amrutdham,
Panchavati, Nashik – 422 003

A – I.5**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL****a. Details of Affiliation Fee Paid**

Name of the Course	Affiliation Fee paid up to	Receipt No	Amount	Dated	Remarks of the Inspectors
D. Pharm.	2017-2018	D.D. No. 229332	Rs. 50,000/-	19/08/2016	
D. Pharm.	2018-2019	D.D. No. 232926	Rs. 50,000/-	18/08/2017	

Annexure – II**b. APPROVAL STATUS :**

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVT.	UNIVERSITY/ STATE BOARD	Remarks of the Inspectors
D. Pharm		Approval Letter No and Date	Approved for conduct of 1 st year for 2018-19 subject to appointment of principal and staff and submission of SDF for same (02.281 EC Item No.190 IR No. 1 st Surprise Dec, 2016)	Applied & awaited	NOC Received No. MSBTE/D-53/Consent/2017/304 Dtd. 12/01/2018	
		Approved Intake				
		Actually Admitted				

Annexure – III

Signature of the Head of the Institution

Signature of the Inspectors

c. STATUS OF APPLICATION

Faculty / Subject	Extension of Approval	Increase in Intake of Seats	Remarks
D. Pharm.	Received approval for A. Y. 2018-19	--	Verification of compliance

Annexure – III**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

Note : Running K.K. Wagh Polytechnic, Chandori, Tal. Niphad, Dist. Nashik, Applied for closure, awaited.**A – I.6 a****Status of the Pharmacy Course :**Independent Building Wing of another college Separate Campus Multi Institutional Campus

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

: Maharashtra State Board of Technical Education,
 4th Floor, Govt. Polytechnic Building,
 Kherwadi, Bandra (East),
 Mumbai – 400 051.
 (022) 26477208, 26471255, 26478531

B – DETAILS OF THE INSTITUTION**B – I .1****Name of the Principal : Dr. Deepak G. Umalkar**

Qualification / Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm.		5 years		
	Ph. D. (Desirable)	✓	02 years		

*** Documentary evidence should be provided****Annexure – IV**

Signature of the Head of the Institution

Signature of the Inspectors

B –I .2**For institution seeking continuation of affiliation**

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced / Stopped in the last 03 years *
D. Pharm.	Not Applicable, only verification of compliance fulfillment			

Annexure – V

* 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. Yes / No	--	--	--	
Non-Teaching Staff	State Government Yes / No	--	--	--	
New Institute to start from A. Y. 2018-19					

B –I .4**D. Pharm. Course: Admission Statement for the Past Three Years**

ACADEMIC YEAR	Year 2013-14	Year 2014-15	Year 2015-16
Sanctioned	New Institute to start from A. Y. 2018-19		
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

B –I .5**Academic information: Percentage of D. Pharm. results for the past three years.**

ACADEMIC YEAR	Year 2013-14	Year 2014-15	Year 2015-16
D. Pharm	New Institute to start from A. Y. 2018-19		

Signature of the Head of the Institution

Signature of the Inspectors

B – II

Co – Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes / No)?

If no give reasons

NSS Programme Officer's Name

Programme conducted (mention details)

Whether students participating in University level cultural activities / Co-curricular/sports activities

Physical Instructor

Sports Ground

}
New Institute to start from
A. Y. 2018-19

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

Rec			Expend			Remarks of the Inspector
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	0	CAPITAL EXPENDITURE			
2.	Tuition Fee	0	1.	Building	20,20,441	
3.	Library Fee	0	2.	Equipment	30,15,688	
4.	Sports Fee	0	3.	Others	9,96,974	
5.	Union Fee	0	REVENUE EXPENDITURE			
6.	Others	0	1	Salary	0	
	K. K. Wagh Education Society	75,28,558	2.	MAINTENANCE/ EXPENDITURE		
			i	College	0	
				ii	Others	1,14,107
			3.	University Fee (If any)	95,000	
			4.	Apex Bodies Fee	0	
			5.	Government Fee	7,00,000	
			6.	Deposit held by the College	0	
	Total	75,28,558	7.	Others	5,86,348	
			8.	Misc. Expenditure	0	
			Total	75,28,558		

Note: Enclose relevant documents

**Enclosed copy of consolidated Audited statement for last three years
(Financial Year 2014-2015, 2015-2016 & 2016-2017)**

Annexure – VI

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Building : **Own**
- b. Land : **2 acres**
- i) Leased or own : **Leased** **Own**
- Sale / Agreement deed (records to be enclosed) : **Annexure – VII**
- c. Building : **Leased** **Rented**
- i) Leased / Rented (Record to be enclosed) : **Not applicable**
- ii) if Own (Approved Building plan & sale deed to be Enclosed) : **Annexure – VIII**
- d. Total Area of the college building in Sq.mts :
- Built up Area :
- Amenities and Circulation Area :
2. **Class rooms** :

Total Number of Class rooms provided

Class	Required Nos.	Available Nos.	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
D. Pharm.	02	02	90 Sq. mts	190.26 Sq.mts	

(*To accommodate 60 students).

3. Laboratory requirement

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq mts	
1	Laboratory Area for D. Pharm Course	50 Sq. mts x n (n = 05)	05	408.69	

Signature of the Head of the Institution

Signature of the Inspectors

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq mts	
2	Pharmaceutics	01 Laboratory	01	76.68	
	Pharmaceutical Chemistry	01 Laboratory	01	95.13	
	Physiology and Pharmacology	01 Laboratory	01	94.14	
	Pharmacy Practice	01 Laboratory	01	63.81	
	Pharmacognosy	01 Laboratory	01	78.93	
	Total no. of Labs for D. Pharm. Course *Animal House	05 Laboratories 01 (10 Sq. Mts)	01		
	10 Laboratories *				
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (minimum)	05	50.00	
4	Area of the Machine Room	100 Sq.mts	01	127.53	
5	Aseptic Room	25 Sq.mts	01	33.07	
6	Store Room – I	1 (Area 20 Sq mts)	01	31.86	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	30	

Annexure – VIII

* Not required if computer simulated software are available.

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	20 Sq. mts	01	30	
2	Office – I Including Confidential Room	01	40 Sq. mts	01	95.13	

Signature of the Head of the Institution

Signature of the Inspectors

3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	30	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	157.53	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab.)	01	30	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250-300 seating capacity	01	160.29	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	Yes	100	

Annexure – VIII

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	61.05	
2	Boy's Common Room (Essential)	01	40 Sq.mts	01	77.04	
3	Toilet Blocks for Boys	01	25 Sq.mts	01	42.50	
4	Toilet Blocks for Girls	01	25 Sq.mts	01	30.00	
5	Drinking Water facility – Water Cooler (Essential).	01		01		
6	Boy's Hostel (Desirable)	01	9 Sq. mts / Room Single occupancy			
7	Girl's Hostel (Desirable)	01	9 Sq. mts / Room single occupancy 20 Sq mts / Room			
8	Power Backup Provision (Desirable)	01		01	30.00	

Annexure – VIII

Signature of the Head of the Institution

Signature of the Inspectors

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	30	110.16	
Printers	1 printer for every 10 computers	Yes	03	Yes	
Xerox Machine	01	Yes	01	Yes	
Multi Media Projector	01	Yes	02	Yes	

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	--	--	✓	
Staff quarters	16 x 80 Sq. mts	--	--	✓	
Canteen	100 Sq. mts	01	181.20		
Parking Area for staff and students		✓			
Bank Extension Counter		--	--	✓	
Co operative Stores		--	--	✓	
Guest House	80 Sq. mts	--	--	✓	
Transport Facilities for students		03 Buses	✓	--	
Medical Facility (First Aid)		✓	15.3	--	

Annexure – VIII

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
				Title	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	86	770	

Signature of the Head of the Institution

Signature of the Inspectors

2	Annual addition of books		75 book per year			
3	Periodicals Hard copies / online		National Journals i) Indian Journal of Pharmaceutics ii) Indian Journal of Pharmaceutical Sciences iii) Indian Journal of Pharmaceutical Education and Research iv) Journal of Hospital Pharmacy v) Indian Journal of Pharmacology vi) Indian Journal of Experimental Biology. vii) CIMS	National Journals 7		
4	Library Timings	8:30 am -4:15 pm				

Annexure – IX

08. B. Subject wise Classification:

Sl. No.	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	11	97	
2	Pharmaceutical Chemistry – I	11	92	
3	Pharmacognosy	5	80	
4	Biochemistry and Clinical Pathology	6	73	
5	Human Anatomy and Physiology	6	47	
6	Health Education and Community Pharmacy	1	25	
7	Pharmaceutics – II	9	79	
8	Pharmaceutical Chemistry – II	8	59	
9	Pharmacology and Toxicology	13	93	
10	Pharmaceutical Jurisprudence	1	5	
11	Drug Store and Business Management	11	93	
12	Hospital and Clinical Pharmacy	4	27	
Total		86	770	

Annexure – IX

8. C. Library Staff :

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

Annexure – X

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio: **Theory** **Practical's**

(Required ratio --- Theory → 60:1 and Practical's → 20:1)

If more than 20 students in batch 2 staff members to be present provided the lab is spacious.

2. Date of Commencement of session / sessions:

Commencement	Completion
01/06/2018	31/05/2019

No of Days

No of Days

3. Vacation: **Summer:** **Winter:**

4. Total No. of working days:

New Institute to
Start from
A. Y. 2018-19

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		Practical's				Remarks of the Inspectors
	Prescribed No. of Hours	No. of Hours Conducted	Prescribed No. of Hours	No. of Hours Conducted	Prescribed No. 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	*	--	*	--	*	

Note:* New Institute to start from A. Y. 2018-19

Signature of the Head of the Institution

Signature of the Inspectors

Class / Subject	Theory		Practical's				Remarks of the Inspectors
	Prescribed No. of Hours	No. of Hours Conducted	Prescribed No. of Hours	No. of Hours Conducted	Prescribed No. of Classes	No. of Classes Conducted	
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	*	

7. Whether Internal Assessments are conducted periodically as per PCI norms

Yes No

New Institute to start from A. Y. 2018-19

8. Whether Evaluation of the internal assessments is fair

Yes No

New Institute to start from A. Y. 2018-19

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	P	
I D. Pharm.	New Institute to start from A. Y. 2018-19								
II D. Pharm.									

9. Work load of Faculty members for D. Pharm

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			I. D. Ph.		II D. Ph.			
			Th	Pr	Th	Pr		
New Institute to start from A. Y. 2018-19								

Signature of the Head of the Institution

Signature of the Inspectors

PART IV – PERSONNEL

TEACHING STAFF:

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

SI No	Name	Designation	Qualification	Date of Joining	Teaching Experience in years After PG	State Pharmacy Council Reg. No.	Signature of the faculty	Remarks of the Inspectors
1)	Dr. Umalkar Deepak G.	Principal	M. Pharm. (Pharmaceutics), Ph. D.	Appointed ; yet to join	11	92596		
2)	Mrs. Gawali Urmila R.	Lecturer	M. Pharm. (Quality Assurance)	Appointed ; yet to join	00	127579		
3)	Ms. Kushare Aditi A.	Lecturer	M. Pharm (Quality Assurance)	Appointed ; yet to join	01	153315		
4)	Ms. Adke Priyanka V.	Lecturer	B. Pharm	Appointed ; yet to join	1.5	123757		
5)	Mr. Patel Mayur S.	Lecturer	M. Pharm (Pharmaceutics)	Appointed ; yet to join	05	138330		

Annexure – IV

2. Qualification and number of Staff Members

Number of staff members required: 07

Qualification			
B. Pharm.	M. Pharm.	PhD	Others - Full Time
01	03	01	-

Annexure – IV

3. Details of Faculty Retention for:

Name of Faculty	Period	%
	Duration of 15 yrs. and above	New Institute to start from A. Y. 2018-19
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
	Less than 5 yrs.	

4. Details of Faculty Turnover:

Name of Faculty	Period	More than	50%	25%	Less than 25%
	% of faculty retained in last 3 yrs	New Institute to start from A. Y. 2018-19			

Signature of the Head of the Institution

Signature of the Inspectors

5. Number of Non-teaching staff available for D. Pharm. course for intake of 60 Students:

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm.	02		
2	Laboratory Assistants / Attenders	04	SSLC	02		
3	Office Superintendent	01	Degree	01		
4	Accountant cum Clerk	01	Degree	01		
5	Store keeper	01	D. Pharm	01		
6	Computer Data Operator	01	10 + 02 with computer training	01		
7	Peon	02	SSLC	01		
8	Cleaning personnel	04	---	04		
9	Gardener	01	---	01		

Annexure – XI

Signature of the Head of the Institution

Signature of the Inspectors

7. 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					
New Institute to start from A. Y. 2018-19																

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

New Institute to start from A. Y. 2018-19

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

New Institute to start from A. Y. 2018-19

10. Scope for the promotion for faculty: Promotions

Yes

No

New Institute to start from A. Y. 2018-19

11. Gratuity Provided

Yes

No

New Institute to start from A. Y. 2018-19

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

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

Annexure – XI

13. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. Yes / No Not Applicable

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	N. A.		
2.	Individual Service Register	N. A.		
3.	Staff Attendance Registers	N. A.		
4.	Sessional Marks Register	N. A.		
5.	Final Marks Register	N. A.		
6.	Student Attendance Registers	N. A.		
7.	Minutes of meetings- Teaching Staff	N. A.		
8.	Fee paid Registers	N. A.		
9.	Acquittance Registers	N. A.		
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	N. A.		
13.	Standard Operating Procedures (SOP's) for Equipment	N. A.		
14.	Laboratory Manuals	N. A.		
15.	Stock Register for Equipment	✓		
16.	Animal House Records as per CPCSEA	N. A.		

N.A. = Not Applicable since New Institute to start from A. Y. 2018-19

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 No.	Expenditure in Rs. (F. Y. 2015-16)			Expenditure in Rs. (F. Y. 2016-17)			Expenditure in Rs (F. Y. 2017-18) 01/04/2017 to 28/02/2018			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget	Recurring	Non Returning	
		-	-	-	14,95,454.00	60,33,104.00	-	10,91,625	3,38,097	

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

Sl No.	Expenditure in Rs. (F. Y. 2015-16)			Expenditure in Rs. (F. Y. 2016-17)			Expenditure in Rs (F. Y. 2017-18) 01/04/2017 to 28/02/2018			Remarks of the Inspectors*
	Total budget	Sanctioned	Incurred	Total budget sanctioned	Sanctioned	Incurred	Total budget sanctioned	Sanctioned	Incurred	
	Chemicals	-	-	Chemicals		3,91,125.46	Chemicals		49,893.00	
	Glassware	-	-	Glassware			Glassware			

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

Sl No.	Expenditure in Rs. (F. Y. 2015-16)			Expenditure in Rs. (F. Y. 2016-17)			Expenditure in Rs (F. Y. 2017-18) 01/04/2017 to 28/02/2018			Remarks of the Inspectors*
	Total budget sanctioned	Sanctioned	Incurred	Total budget sanctioned	Sanctioned	Incurred	Total budget sanctioned	Sanctioned	Incurred	
1	Equipment	-	-	-	-	19,30,053.54	-	-	1,43,124.00	
2	Computers	-	-	-	-	10,85,635	-	-	-	
3	Furniture & Office	-	-	-	-	7,52,883	-	-	-	

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

Sl No.	Expenditure in Rs. (F. Y. 2015-16)			Expenditure in Rs. (F. Y. 2016-17)			Expenditure in Rs (F. Y. 2017-18) 01/04/2017 to 28/02/2018			Remarks of the Inspectors*
	Total budget sanctioned	Sanctioned	Incurred	Total budget sanctioned	Sanctioned	Incurred	Total budget	Sanctioned	Incurred	
1	Books	-	-	Books	-	2,44,091	Books	-	-	
2	Journals	-	-	Journals	-	24,180	Journals		38,910.00	

* 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	10	Yes	
2	Conical Percolator	05	10	Yes	
3	Tincture Press	01	03	Yes	
4	Hand Grinding Mill	01	02	Yes	
5	Disintegrator	01	-	-	
6	Ball mill	01	02	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	02	Yes	
11	Pfizer type hardness tester	01	-	-	
12	Tablet disintegration test apparatus IP	01	01	Yes	
13	Tablet dissolution test apparatus IP	01	01	Yes	
14	Granulating sieve set	10	01	Yes	
15	Tablet counter – small size	05	05	Yes	
16	Friability tester	01	02	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	01	Yes	

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Signature of the Inspectors

21	Deionization unit	01	-	-	
22	Glass distillation unit for water for injection	01	02	Yes	
23	Ampoule washing machine	01	02	Yes	
24	Ampoule filling and sealing machine	01	03	Yes	
25	Sintered glass filters for bacterial proof filtration (four different	Adequate	-	-	
26	Millipore filter (3 grades)	Adequate	04	Yes	
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	02	Yes	
35	Ointment slab	Adequate	40	Yes	
36	Ointment spatula	Adequate	40	Yes	
37	Pestle and mortar porcelain	Adequate	19	Yes	
38	Pestle and mortar glass	Adequate	25	Yes	
39	Suppository moulds of three sizes	Adequate	10	Yes	
40	Refrigerator	01	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

PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Refractometer	01	-	-	
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	03	Yes	
7	Periodic table chart	Adequate	10	Yes	

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

PHYSIOLOGY & PHARMACOLOGY LABORATORY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	30	Yes	
2	Haemocytometer	10	20	Yes	
3	Student's organ bath	1	04	Yes	
4	Sherington's rotating drum	1	02	Yes	
5	Frog board	Adequate	20	Yes	
6	Tray (dissecting)	Adequate	20	Yes	
7	Frontal writing lever	Adequate	20	Yes	
8	Aeration tube	Adequate	20	Yes	
9	Telethermometer	1	03	Yes	

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10	Pole climbing apparatus	1	01	Yes	
11	Histamine chamber	1	02	Yes	
12	Simple lever	Adequate	20	Yes	
13	Staring heart lever	Adequate	20	Yes	
14	Aerator	Adequate	20	Yes	
15	Histological Slides	Adequate	04	Yes	
16	Sphygmomanometer (B.P. apparatus)	5	20	Yes	
17	Stethoscope	5	20	Yes	
18	First aid equipment	Adequate	-	-	
19	Contraceptive device	Adequate	-	-	
20	Dissecting (surgical) instruments	Adequate	05	Yes	
21	Balance for weighing small Animals	1	-	-	
22	Kymograph paper	Adequate	20pkt	Yes	
23	Actophotometer	1	02	Yes	
24	Analgesiometer	1	03	Yes	
25	Thermometer	Adequate	-	-	
26	Plastic animal cage	Adequate	07	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	-	-	
31	Human skeleton	1	02	Yes	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system)	1 set	02	Yes	
33	Electro-convulsimeter	1	01	Yes	
34	Stop watch	Adequate	25	Yes	
35	Clamp, boss heads, screw clips	Adequate	-	-	
36	Syme's Cannula	Adequate	50	Yes	

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

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Signature of the Inspectors

PHARMACOGNOSY LABORATORY

Equipment:

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

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

PHARMACY PRACTICE LABORATORY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	02	Yes	
2	Microscope	Adequate	20	Yes	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate	-	-	
4	Watch glass	Adequate	30	Yes	
5	Centrifuge	1	03	Yes	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate	-	-	
7	Filtration equipment	2	-	-	

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8	Filling Machine	1	-	-	
9	Sealing Machine	1	-	-	
10	Autoclave sterilizer	1	01	Yes	
11	Membrane filter	1 Unit	-	-	
12	Sintered glass funnel with complete filtering assemble	Adequate	-	-	
13	Small disposable membrane filter for IV admixture filtration	Adequate	-	-	
14	Laminar air flow bench	1	01	Yes	
15	Vacuum pump	1	03	Yes	
16	Oven	1	-	-	
17	Surgical dressing	Adequate	-	-	
18	Incubator	1	02	Yes	
19	PH meter	1	03	Yes	
20	Disintegration test apparatus	1	01	Yes	
21	Hardness tester	1	05	Yes	
22	Centrifuge	1	04	Yes	
23	Magnetic stirrer	1	20	Yes	
24	Thermostatic bath	1	04	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

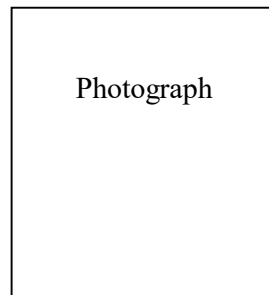
PHARMACY COUNCIL OF INDIA

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

Permanent Residential Address of employee : _____

Copy of Passport / Voter Card / Ration Card / PAN No. / Electricity Bill / Driving License Attached as a proof of residence.

Contd. on page 02.

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 :

	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		

Contd. on page 03.

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

PAN : _____

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).

Date : _____

Place : _____

(_____)

Signature of the Employee

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 : _____