

PHARMACY COUNCIL OF INDIA

Standard Inspection Format(S.I.F) for institutionsconducting B.Pharm

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

(SIF-B)

TobefilledupbyP.C.I.

Tobefilledupbyinspectors

InspectionNo.:

DateofInspection:

FILENo.:

NAMEOFTHEINSPECTORS:1.
(BLOCKLETTERS)

2.

PART-I

A-GENERALINFORMATION

A-I.1 Nameofthe Institution: Complete Postaladdress: STDcode TelephoneNo. FaxNo. Email	St. John's College of Pharmaceutical Sciences & Research Kattappana South P.O Idukki, Kerala 685515 04868 257000 251700 mail@stjohns.co.in
YearofEstablishment	Application for New College
Statusof thecourseconductingbody:Government/University/Au tonomous/Aided/Private(EnclosecopyofRegistrationd ocumentsof	Charitable Society
A-I.2 Name,addressof theSociety/Trust/Management (attachdocumentaryevidence) STDCode: TelephoneNo: FaxNo: E-mail WebSite:	Hospitaller Brothers Alias Medical Brothers, St. John's Hospital, Kattappana South P.O., Kerala 04868 257000 04868 251700 mail@stjohns.co.in www.stjohns.co.in
A-I.3 Name, Designation and Address of person to be contactedbyphone STDCode TelephoneNo Office Residence MobileNo. FaxNo E-Mail	Br. George K.T, Director St. John's Hospital, Kattappana South P.O, Idukki. 04868 257000 04868 272230 8129906050 04868 251700 geokenath@yahoo.co.in
A-I.4 NameandAddressoftheHeadof theInstitution	Br. George K.T

A-I.5

FORINSTITUTIONSEEKINGCONTINUATIONOFAPPROVAL

Signature of the Head of the Institution

Signature of the Inspectors

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm				

b. APPROVAL STATUS:

Name of the Course	Approved upto	Intake Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B.Pharm		Approval Letter No and Date		Waiting for No Objection Certificate	Waiting for consent of affiliation letter	
		Approved Intake	NA	NA	NA	
		Actually Admitted	NA	NA	NA	

c. STATUS OF APPLICATION

COURSES INSPECTED FOR						
Faculty/ Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
B.Pharm	Yes	No	Yes	No	NIL	NA

Note: Enclose relevant documents

A-I.6

Whether other Educational Institutions/Courses are also being run by the Trust/Institution in the same Building/campus? If Yes, Give Details

Yes No

A-I.6a

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

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

Signature of the Head of the Institution

Signature of the Inspectors

B-DETAILS OF THE INSTITUTION

B-I.1 Name of the Principal		IDENTIFIED			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M.Pharm	√	15 years, out of which 5 years as Prof./HOD	19 Yrs	
	PhD	√	10 years, out of which at least 05 years as Asst. Prof		

*Documentary evidences should be provided

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*
B.Pharm	NA	Na	NA	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

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 200-	Year 200-	Year 200-
Sanctioned	NA		
No. of Admissions	NA		
Unfilled Seats	NA		
No. of Excess Admissions	NA		

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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 200-	Year 200-	Year 200-
1st year	NA		
2nd year	NA		
3rd year	NA		
Final year	NA		
Pass% (Final Year)	NA		

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

Whether college has NSS Unit (Yes/No)? If no give reasons	New Institution
NSS Programme Officer's Name	NIL
Programme conducted (mention details)	NIL
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-FINANCIALSTATUSOF THEINSTITUTION

AuditedfinancialStatementofInstituteshouldbefurnished

C.1Resourcesandfundingagencies(givecompletelist)

C.2PleaseprovidefollowingInformation

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Governmentb.		CAPITALEXPENDITURE			
2.	Tuition Fee		1.	Building	25,00,000	
3.	Library Fee		2.	Equipment	50,00,000	
4.	Sports Fee		3.	Others	25,00,000	
5.	Union Fee		REVENUEEXPENDITURE			
6.	Others		1	Salary		
	SOCIETY DEVELOPMENT FUND	1,10,00,000	2.	MAINTENANCE EXPENDITURE		
				i	College	
				ii	Others	
			3.	University Fee (If any)		
			4.	Apex Bodies Fee	2,00,000	
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others	5,00,000	
			8.	Misc. Expenditure	3,00,000	
			Total			
					1,10,00,000	
Total		1,10,00,000				

Note:Encloserelevantdocuments

Signature of the Head of the Institution

Signature of the Inspectors

PART-IIPHYSICALINFRASTRUCTURE√

1. a. Availability of Land (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
 Records to be enclosed √
 Sale deed : **Enclosed/Not available**
- d. Building[†]:
 I) Approved Building plan, to be enclosed: **Enclosed/Not available**

e. Total Built Area of the college building in Sq.mts: Built up Area 2273

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2. Classrooms: Amenities and Circulation Area 1000

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Total Number of Classrooms provided at the end of 4 Year Course

Class	Required Nos	Available Nos	Required Area* For each classroom	Available Area in Sq.mts	Remarks of the Inspectors
B.Pharm	04	01	90 Sq.mt each (Desirable) 75 Sq.mt each (Essential)	84.42	

(*To accommodate 60 students).

3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sqmts	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		
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B. Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories*	(1) 94 (1) 78.53 (1). 81.27 (1). 84.53	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sqmts (minimum)	1) 15	
4	Area of the Machine Room	80-100 Sq.mts	96.34	
5	Central Instrumentation Room	80 Sq.mts with A/ C	85	
6	Store Room - I	1 (Area 100 Sqmts)	100	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sqmts)	24.69	

*Number of laboratories required for entire course of 4 years.

Signature of the Head of the Institution

Signature of the Inspectors

† **The Institutions will not be permitted to run the courses in rented building on or after 31.12.2008**

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fume chamber to reduce the pollution wherever necessary.
3. The work benches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water tap should be non-leaking and directly installed on sinks. Drainages should be efficient.
5. Balancer 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		30.58	
2	Office-I- Establishment	01	60 Sq.mts		67.78	
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	5	55	
2	Faculty Rooms for B.Pharm course		10 Sq.mts x n (n=No of teachers)	5	56.92	

6. Museum, Library, Animal House and other Facilities

Sl.No.	Name of infrastructure	Requirements as per Norms in number	Requirements as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq.mts	
1	Animal House	01	80 Sq.mts	1	85	
2	Library	01	150 Sq.mts	1	261.05	
3	Museum	01	50 Sq.mts (May be attached to the Pharmacognosy lab)	1	37.24	
4	Auditorium/ Multi Purpose Hall (Desirable)	01	250-300 seating capacity	1	368.48	
5	Seminar Hall	01		1	94.54	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1	300	

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Signature of the Inspectors

7. StudentFacilities:

Sl. No.	Nameofinfrastructure	Requirement asperNormsi nnumber	Requirement asperNorms,i narea	Available		Remarks/ Deficiency
				No.	Areain Sq.mts	
1	Girl'sCommonRoom (Essential)	01	60Sq.mts		60.09	
2	Boy'sCommonRoom (Essential)	01	60Sq.mts		80.82	
3	ToiletBlocksforBoys	01	24Sq.mts		24.59	
4	ToiletBlocksforGirls	01	24Sq.mts		30.55	
5	DrinkingWaterfacility– WaterCooler(Essential).	01		1		
6	Boy'sHostel(Desirable)	01	9 Sq.mts/ Room Single occupancy		337.95	
7	Girl'sHostel(Desirable)	01	9Sq.mts/ Room(single occupancy) 20Sqmts/ Room (triple occupancy)		250	
8	PowerBackupProvision (Desirable)	01			250KVA generator	

8. ComputerandotherFacilities:

Name	Required	Available		Remarksof the Inspectors
		No.	Areain Sq.mts	
ComputerRoomfor B.PharmCourse	01 (Area75Sqmts)	01	80.09	
Computer (LatestConfiguration)	1systemforevery10students	09		
Printers	1printerforevery10 computers	03		
MultiMediaProjector	01	01		
Generator(5KVA)	01	01		

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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	1	100		
Staff quarters	16x80 Sq.mts	3	245		
Canteen	100 Sq.mts	2	350		
Parking Area for staff and students			100		
Bank Extension Counter		01			
Cooperative Stores		01			
Guest House	80 Sq.mts	10	200		
Transport Facilities for students		01	Available		
Medical Facility (First Aid)		01	Available		

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	1500 adequate coverage of a large number of standard textbooks and titles in all disciplines of pharmacy	155	1520	
2	Annual addition of books		100 to 150 books per year	NA	NA	
3	Periodicals Hardcopies/online		10 National 05 International periodicals	06 06	12 06	
4	CDS		Adequate Nos	available		
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	available		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	available		
7	Library Automation and Computerized System		yes			
8	Library Timings					

10.B. Library Staff:

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

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PART III ACADEMIC REQUIREMENTS

Course Curriculum:

**1. Student Staff Ratio:
Inspectors**

Theory

Practical's Remark of the

(Required ratio---Theory →60:1 and Practicals→20:1) If more than 20 students in a batch 2 staff members

to be present provided the lab is spacious.

2. Scheme of B.Pharm Course:

Annual

3. Date of Commencement of session/sessions:

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

No of Days No of Days

4. Vacation:

Summer:

Winter:

5. Total No. of working days:

6. Time Table:

Time Table for B.Pharm course Enclosed Yes

No

7. Whether the prescribed numbers of classes are being conducted as per university norms

I.B.Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per	
1	2	3	4	5		

IIB.Pharm:NA

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		

IIIB.Pharm:NA

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Subject	NoofTheoryClasses		Practicals			Remarksof the Inspectors
	Prescribed NoofHrs	NoofHours Conducted	Prescribed NoofHours	NoofHours Conducted	NoofClassesConductedtofulfillPrescribedNumberofHours asinColumn5 No.ofclassesxhoursperclasses	
1	2	3	4	5		

IVB.Pharm:NA

Subject	NoofTheoryClasses		Practicals			Remarks oftheInspectors
	Prescribed NoofHrs	NoofHours Conducted	Prescribed NoofHours	NoofHours Conducted	NoofClassesConductedtofulfillPrescribedNumberofHours asinColumn5 No.ofclassesxhoursperclass	
1	2	3	4	5		

8. Whether Tutorial sare being conducted (If any, as per university norms)

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

A.

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures	NA		
Seminars	NA		
Workshops	NA		
Symposia	NA		

B. Papers Presented/Published during last three years

	Year 200-		Year 200-		Year 200-	
	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

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	
IB.Pharm	NA						
IIB.Pharm	NA						
IIIB.Pharm	NA						
IVB.Pharm	NA						

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	
IB.Pharm	NA								
IIB.Pharm	NA								
IIIB.Pharm	NA								
IVB.Pharm	NA								

12. Workload of Faculty members for B.Pharm NA

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

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

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared	NA		
No. of Students Qualified	NA		
Percentage	NA		

14. Whether the Institution has an Industry-Institution Interaction cell Yes No

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	
Industrial Tour	
Industrial Training	
No. of Resource Persons from the Industry for Guest Lectures	
No. of Collaboration projects with Industry	

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

Year	Year 200-	Year 200-	Year 200-
No. of students appeared for campus interview	NA		
% Placed	NA		

NA

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

Yes	No
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Signature of the Head of the Institution

Signature of the Inspectors

PARTIV-PERSONNEL

TEACHING STAFF:

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

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

2..Qualification and number of Staff Members

Qualification		
M.Pharm	PhD	Others-Full Time
05	01	03

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

	No. of staff required for I *B.Pharm	Available	No. of staff required for IIB.P harm	Available	No. of staff required for IIIB.P harm	Available	No. of staff required for IVB.P harm	Available
Principal	1	identified	1		1		1	
Pharmaceutical Chemistry	1	identified	2		3		4	
Pharmaceutical Analysis	1	identified	--		-		1	
Pharmacology	1	identified	2		3		4	
Pharmacognosy	1	identified	2		3		3	
Pharmaceutics	1	identified	2		3		4	
Total	6	6	9		13		17	
Part time teaching Staff	3	3	-		-		-	
Remarks of the Inspection Team								

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

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

Professor: Asst. Professor: Lecturer

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Signature of the Inspectors

Department/Division	Nameofthepost	Forstrength of60 students	Providedby the institution	Remarksof insectionteam
DepartmentofPharmaceutics	Professor	1		
	Asst.Professor	1	1	
	Lecturer	2		
DepartmentofPharmaceutical Chemistry (IncludingPharmaceutical Analysis)	Professor	1		
	Asst.Professor	1	2	
	Lecturer	3		
DepartmentofPharmacology	Professor	1		
	Asst.Professor	1	1	
	Lecturer	2		
DepartmentofPharmacognosy	Professor	1	1	
	Asst.Professor	1	1	
	Lecturer	1		

5. SelectioncriteriaandRecruitmentProcedureforFaculty:

a.	WhetherRecruitmentCommitteehasbeenformed	√Yes/No
b.	WhetherAdvertisementforvacancyisnotifiedintheNewspapers	√Yes/No
c.	WhetherDemonstrationLecturehasbeenconducted	Yes/No
d.	WhetheropinionofRecruitmentCommitteeRecorded	Yes/No

6. DetailsofFacultyRetentionfor:

NameofFacultyMember	Period	%
	Durationof15yrs.andabove	
	Durationof10yrs. andabove	
	Durationof5yrs.andabove	
	Lessthan5yrs.	

7. DetailsofFacultyTurnover:

NameofFaculty Member	Period	More than50%	50%	25%	Lessthan25%
	%offacultyretainedinlast3yrs				

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8. Number of Non-teaching staff available for B.Pharm course for intake of 60 Students:

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D.Pharm	01	D. Pharm	
2	Laboratory Assistants/ Attenders	1 for each Lab (minimum)	SSLC	01		
3	Office Superintendent	1	Degree	01	M.A	
4	Accountant	1	Degree	01	M.Com	
5	Storekeeper	1	D.Pharm/ Degree	01	D. Pharm	
6	Computer Data Operator	1	BCA/ Graduate with Computer Course	01		
7	Office Staff I	1	Degree	01		
8	Office Staff II	2	Degree	02		
9	Peon	2	SSLC	01		
10	Cleaning personnel	Adequate	---	05		
11	Gardener	Adequate	---	01		

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Signature of the Inspectors

9. Scale of pay for Teaching faculty (to be enclosed): NA

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
									PT	TDS	EPF					

10. Whether facilities for Research/Higher studies are provided to the faculty?

(Inspector to verify documents pertaining to the above)

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

(Inspector 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): NA

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 upgradation programs. Yes/No

Signature of the Head of the Institution Signature of the Inspectors

PARTV-DOCUMENTATION**RecordsMaintained: Essential**

Sl.No	Records	Yes	No	Remarks of the Inspectors
1.	AdmissionsRegisters			
2.	IndividualServiceRegister			
3.	StaffAttendanceRegisters			
4.	SessionalMarksRegister			
5.	FinalMarksRegister			
6.	StudentAttendanceRegisters			
7.	Minutesofmeetings-TeachingStaff			
8.	FeePaidRegisters			
9.	AcquittanceRegisters			
10.	AccessionRegisterforbooksandJournalsinLibrary			
11.	LogbookforchemicalsandEquipmentcostingmorethanRupeesonelakh			
12.	JobCardsforlaboratories			
13.	StandardOperatingProcedures(SOP's)forEquipment			
14.	LaboratoryManuals			
15.	StockRegisterforEquipment			
16.	AnimalHouseRecordsasperCPCSEA			

SignatureoftheHeadoftheInstitutionSignatureoftheInspectors

PART-VI

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

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

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

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

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

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

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4.TotalamountspentonBooksandJournalsforthepastthreeyears:

Sl No.	ExpenditureinRs.			ExpenditureinRs.			ExpenditureinRs			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			

***Lastthreeyearsincludingthisacademicyeartillthedataofinspection**

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

Department wise list of minimum equipments required for B.Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl.No.	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Microscopes	15			
2	Haemocytometer with Micropipettes	20			
3	Sahli's haemocytometer	20			
4	Hutchinson's spirometer	01			
5	Sphygmomanometer	05			
6	Stethoscope	05			
7	Permanent Slides for various tissues	One pair of each tissue Organ and endocrine glands One slide of each organ system			
8	Models for various organs	One model of each organ system			
9	Specimen for various organs and systems	One model for each organ system			
10	Skeleton and bones	One set of skeleton and one spare bone			
11	Different Contraceptive Devices and Models	One set of each device			
12	Muscle electrodes	01			
13	Lucas moist chamber	01			
14	Myographic lever	01			
15	Stimulator	01			
16	Centrifuge	01			
17	Digital Balance	01			
18	Physical/Chemical Balance	01			
19	Sherrington's Kymograph Machine / Polyrite	10			

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20	SherringtonDrum	10			
21	Perspexbathassembly(singleunit)	10			
22	Aerators	10			
23	ComputerwithLCD	01			
24	Softwarepackagesforexperiment	01			
25	Standardgraphsofvariousdrugs	Adequatenumbr			
26	Actophotometer	01			
27	Rotarod	01			
28	Poleclimbingapparatus	01			
29	Analgesiometer(Eddy's hot plate and Radiantheatmethods)	01			
30	Convulsiometer	01			
31	Plethysmograph	01			
32	DigitalpHmeter	01			

Apparatus:

Sl.No.	Name	MinimumrequiredNos	Available Nos.	Working Yes/No	Remarksofthe Inspectors
1	Folin-Wutubes	60			
2	DissectionTrayandBoards	10			
3	Haemstaticarteryforceps	10			
4	Hypodermic syringes and needles of size 15,24,26G	10			
5	Levers,cannulae	20			

NOTE: Adequatenumbr 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 micro meter	15			
2	Digital Balance	02			
3	Autoclave	02			
4	Hot air oven	02			

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5	B.O.D.incubator	01			
6	Refrigerator	01			
7	Laminarairflow	01			
8	Colonycounter	02			
9	Zonereader	01			
10	DigitalpHmeter	01			
11	Sterilitytestingunit	01			
12	CameraLucida	15			
13	Eyepiecemicrometer	15			
14	Incinerator	01			
15	Moisturebalance	01			
16	Heatingmantle	15			
17	Flourimeter	01			
18	Vacuumpump	02			
19	Micropipettes(Singleandmultichanneled)	02			
20	MicroCentrifuge	01			
21	ProjectionMicroscope	01			

Apparatus:

Sl.No.	Name	MinimumrequiredNos.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Refluxflaskwithcondenser	20			
2	Waterbath	20			
3	Clavengersapparatus	10			
4	Soxhletapparatus	10			
6	TLCchamberandsprayer	10			
7	Distillationunit	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	Hotplates	05			
2	Oven	03			
3	Refrigerator	01			

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

Apparatus:

Sl.No.	Name	Minimum required Nos.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Distillation Unit	02			
2	Reflux flask and condenser single necked	20			
3	Reflux flask and condenser double / triple necked	20			
4	Burettes	40			
5	Arsenic Limit Test Apparatus	20			
6	Nessler's Cylinders	40			

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes/No	Remarks of the Inspectors
1	Mechanical stirrers	10			
2	Homogenizer	05			
3	Digital balance	05			
4	Microscopes	05			
5	Stage and eyepiece micrometers	05			
6	Brook field viscometer	01			
7	Tray dryer	01			
8	Ballmill	01			

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9	Sieveshakerwithsieveset	01			
10	Doubleconeblender	01			
11	Propellertypemechanicalagitator	05			
12	Autoclave	01			
13	Steamdistillationstill	01			
14	VacuumPump	01			
15	Standardsieves,sievenos.8, 10,12,22,24,44, 66,80	10sets			
16	Tabletpunchingmachine	01			
17	Capsulefillingmachine	01			
18	Ampoulewashingmachine	01			
19	Ampoulefillingandsealingmachine	01			
20	TabletdisintegrationtestapparatusIP	01			
21	TabletdissolutiontestapparatusIP	01			
22	Monsanto'shardnesstester	01			
23	Pfizertypehardnesstester	01			
24	Friabilitytestapparatus	01			
25	Claritytestapparatus	01			
26	Ointmentfillingmachine	01			
27	Collapsibletubecrimpingmachine	01			
28	Tabletcoatingpan	01			
29	Magneticstirrer,500mland1litercapacitywith speedcontrol	05EACH 10			
30	DigitalpHmeter	01			
31	Allpurposeequipmentwithallaccessories	01			
32	AsepticCabinet	01			
33	BODIncubator	02			
34	BottlewashingMachine	01			
35	BottleSealingMachine	01			
36	BulkDensityApparatus	02			
37	ConicalPercolator(glass/copper/stainlesssteel)	10			
38	CapsuleCounter	02			
39	Energymeter	02			
40	HotPlate	02			

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41	HumidityControlOven	01			
42	LiquidFillingMachine	01			
43	Mechanicalstirrerwithspeedregulator	02			
44	PrecisionMeltingpointApparatus	01			
45	DistillationUnit	01			

Apparatus:

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

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

PHARMACEUTICAL BIOTECHNOLOGY

Sl.No.	Name	MinimumrequiredNos.	Available Nos.	Working Yes/No	Remarksofthe Inspectors
1	Orbital shaker incubator	01			
2	Lyophilizer (Desirable)	01			
3	Gel Electrophoresis (Vertical and Horizontal)	01			
4	Phase contrast/Trinocular Microscope	01			
5	Refrigerated Centrifuge	01			
6	Fermenters of different capacity (Desirable)	01			
7	Tissue culture station	01			
8	Laminar air flow unit	01			

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9	Diagnostic kits to identify infectious agents	01			
10	Rheometer	01			
11	Viscometer	01			
12	Micropipettes(singleandmultichanneled)	01each			
13	Sonicator	01			
14	Respinometer	01			
15	BODIncubator	01			
16	PaperElectrophoresisUnit	01			
17	MicroCentrifuge	01			
18	Incubatorwaterbath	01			
19	Autoclave	01			
20	Refrigerator	01			
21	FiltrationAssembly	01			
22	DigitalpHmeter	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			
2	DigitalpHmeter	01			
3	UV-Visible Spectrophotometer	01			
4	Fluorimeter	01			
5	Digital Balance (1 mg sensitivity)	01			
6	Nephelometer	01			
7	Flame Photometer	01			
8	Potentiometer	01			
9	Conductivity meter	01			
10	Fourier Transform Infra Red Spectrometer (Desirable)	01			
11	HPLC	01			
12	HPTLC (Desirable)	01			

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13	AtomicAbsorptionandEmissionspectrophotometer (Desirable)	01			
14	BiochemistryAnalyzer(Desirable)	01			
15	Carbon,Hydrogen,NitrogenAnalyzer(Desirable)	01			
16	DeepFreezer(Desirable)	01			
17	Ion-Exchanger	01			
18	Lyophilizer(Desirable)	01			

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SignatureoftheInspectors

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 forms 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.

Photograph

Date of Birth & Age.....

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm				
M.Pharm				
(Ph.D.)/others				

Copies of Registration Certificate and University degree/PG/Ph.D. be attached.

Present Designation: _____

Department: _____

College: _____

City: _____

Nature of appointment: Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belong to: O.G./SC/ST/OBC/Ex-service/Others

Signature of the Head of the Institution

Signature of the Inspectors

Permanent Residential
Address of employee: _____

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

STDC Code Phone No.

Phone & Fax Number Office: _____
With Code

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 am not working in any other 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.

Signature of the Head of the Institution

Signature of the Inspectors

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

	Amount Received	TDS
April, 2008		
May, 2008		
June, 2008		
July, 2008		
August, 2008		
September, 2008		
October, 2008		
November, 2008		
December, 2008		
January, 2009		
February, 2009		
March, 2009		

(Copy of my form 16 (TDS certificate) for financial year 2008-2009 is attached)

P.A.N.: _____ Circle: _____

Declaration

- I have not worked at any other pharmacy college/institution or presented myself at any inspection or the academic year 2007-2008.
- 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 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 above mentioned 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:

Signature of the Head of the Institution

Signature of the Inspectors