

# 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

<b>A – I. 1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	AISECT University Institute AISECT University, Village Mendua, Post Bhojpur, District Raisen Madhya Pradesh, 464993 07556766100, 09827012761 09826052344 07556766110 <a href="mailto:info@aisectuniversity.ac.in">info@aisectuniversity.ac.in</a>
Year of starting of the course	2017-18
Status of the course conducting body: Government / <b>University</b> (✓) / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private University Annexure I (Ordinance)
<b>A – I. 2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	All India Society for Electronics and Computer Technology (AISECT) SCOPE Campus, NH-12, Village Bhaironpur, Bhopal, 462026 07552432801 07552429096 <a href="mailto:Vijay@aisect.org">Vijay@aisect.org</a> <a href="http://www.aisect.org">www.aisect.org</a>
<b>A – I. 3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Dr. Vijay Singh, Registrar, AISECT University, Village Mendua, Post Bhojpur, District Raisen Madhya Pradesh, 464993 0755-6766100, 09827012761 09826052344 07556766110 <a href="mailto:info@aisectuniversity.ac.in">info@aisectuniversity.ac.in</a>
<b>A – I. 4</b> Name and Address of the Head of the Institution	Dr. Vijay Singh, Registrar, Dr. Vijay Singh, Registrar, AISECT University, Village Mendua, Post Bhojpur, District Raisen Madhya Pradesh, 464993 0755-6766100, 09827012761

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**

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	2017-18	NA	NA

**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		NA	
		Approved Intake		NA	
		Actually Admitted		NA	

**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		

**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 :** AISECT University, Examination Department, Village Mendua, Post Bhojpur, With complete postal District :- Raisen, MadhyaPradesh, 464993.  
**Address, Telephone No.** 07556766100, 09827012761, 09826052344 and STD Code.

Signature of the Head of the Institution

Signature of the Inspectors

**B - DETAILS OF THE INSTITUTION**

<b>B –I .1</b> Name of the Principal		<b>Recruitment Under Process</b>			
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	NA	<b>05 years</b>		
	PhD (Desirable)	NA	<b>02 years</b>		

\* Documentary evidence should be provided

**B –I .2**

For institution seeking continuation of approval

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

\* 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	✓Yes / No	✓Yes / No	✓Yes / No	
Non-Teaching Staff	State Government Will be given ✓Yes / No	✓Yes / No	✓Yes / No	✓Yes / No	

**B –I .4**

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

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

**B –I .5**

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

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm	NA	NA	NA

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	<b>Yes</b>
NSS Programme Officer's Name	<b>Dr Java Sharma</b>
Programme conducted (mention details)	<b>Annexure III</b>
Whether students participating in University level cultural activities / Co- curricular/sports activities	<b>✓Yes/No</b>
Physical Instructor	<b>✓Available / Not available</b>
Sports Ground	<b>Individual / Shared✓</b>

Signature of the Head of the Institution

Signature of the Inspectors

**C - FINANCIAL STATUS OF THE INSTITUTION**

**Audited financial Statement of Institute should be**

**furnished**

**C .1 Resources and funding agencies (give complete**

**list) C .2 Please provide following Information**

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others		<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment	NA	
4.	Sports Fee		3.	Others	NA	
5.	Union Fee		<b>REVENUE EXPENDITURE</b>			
6.	Others		1	Salary	NA	
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	NA
				ii	Others	NA
			3.	University Fee (If any)	NA	
			4.	Apex Bodies Fee	NA	
			5.	Government Fee	NA	
			6.	Deposit held by the College	NA	
			7.	Others	NA	
			8.	Misc.Expenditure	NA	
	<b>Total</b>		<b>Total</b>			

**Note: Enclose relevant documents Annexure IV Audit report 2014-2015**

**Annexure V Building Approved Map**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART- II PHYSICAL INFRASTRUCTURE**

1. a. Building :

**Own/Rented/Leased**

b. Land:

i) Leased or own Leased  Own

Sale / Agreement deed (records to be enclosed) :  **Enclosed/Not available**

c. Building: Leased  Rented

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

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

: **Annexure VI**

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

(\* To accommodate 60 students)

**3. Laboratory requirement**

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	Available		
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy <b>Total no. of Labs for D. Pharm Course</b> *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory <b>05 Laboratories</b> 01 (10 sq.mts)	01 01 01 01 01 <b>Yes</b>	50Sq. Mts. 50Sq. Mts. 50Sq. Mts. 50Sq. Mts. 50Sq. Mts.	
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)	Yes	10 Sq. Mts.	
4	Area of the Machine Room	100 Sq mts	Yes	10 Sq.Mts.	
5	Aseptic Room	25 Sq mts	Yes	25 Sq.Mts.	
6	Store Room – I	1 (Area 20 Sq mts)	Yes	20 Sq.Mts.	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	Yes	20Sq. Mts.	

\* Not required if computer simulated software are available

Signature of the Head of the Institution

Signature of the Inspectors

<sup>†</sup>**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	20 Sq mts	
2	Office – I Including Confidential Room	01	40 Sq mts	01	40 Sq mts	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	30 Sq mts	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	100 Sq mts	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	30 Sq mts	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	Shared	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	Shared	

**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	Yes	40 Sq.Mts.	
2	Boy's Common Room (Essential)	01	40 Sq mts	Yes	40 Sq. Mts.	
3	Toilet Blocks for Boys	01	25 Sq mts	Yes	25 Sq.Mts.	
4	Toilet Blocks for Girls	01	25 Sq mts	Yes	25 Sq.Mts.	
5	Canteen (Desirable)	01	100 Sq mts	Yes	Shared	
6	Drinking Water facility Water Cooler (Essential)	01		Yes		
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	Yes	Shared	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	Yes	Ranted	
9	Power Backup Provision (Desirable)	01		Yes	Shared	

**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	25	25	50Sq.Mts.	
Printers	1 printer for every 10 computers	02	02		
Xerox Machine	01	01	01		
Multi Media Projector	02	02	Shared		

**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				Yes	
Bank Extension Counter				Yes	
Co operative Stores				No	
Guest House	80 Sq. mts	100 Sq.Mts.		Yes	
Transport Facilities for students				Yes	
Medical Facility (First Aid)				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		Purchase under Process	
2	Annual addition of books		75 books per year			
3	Periodicals Hard copies / online		<b>06 National Journals</b> 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.			
4	<b>Library Timings</b>		<b>10am to 6pm</b>			

### 8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I		Purchase Under Process	
2	Pharmaceutical Chemistry – I			
3	Pharmacognosy			
4	Biochemistry and Clinical Pathology			
5	Human Anatomy and Physiology			
6	Health Education and Community Pharmacy			
7	Pharmaceutics – II			
8	Pharmaceutical Chemistry – II			
9	Pharmacology and Toxicology			
10	Pharmaceutical Jurisprudence			
11	Drug Store and Business Management			
12	Hospital and Clinical Pharmacy			

### 8.C. Library Staff:

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

**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**

**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:**

<b>Commencement</b>	<b>Completion</b>
<b>DD/MM/YY</b>	<b>DD/MM/YY</b>

**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	
<b>I D. Pharm</b>							
Pharmaceutics – I	75	NA	100		25		
Pharmaceutical Chemistry – I	75	NA	75		25		
Pharmacognosy	75	NA	75		25		
Biochemistry and Clinical Pathology	50	NA	75		25		
Human Anatomy and Physiology	75	NA	50		25		
Health Education and Community Pharmacy	50	NA	----		----		
<b>II D. Pharm</b>							
Pharmaceutics – II	75	NA	100		25		
Pharmaceutical Chemistry – II	100	NA	75		25		
Pharmacology and Toxicology	75	NA	50		25		
Pharmaceutical Jurisprudence	50	NA	----		----		
Drug Store and Business Management	75	NA	----		----		
Hospital and Clinical Pharmacy	75	NA	50		25		

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**7. Whether Internal Assessments are conducted periodically as per PCI norms WILL BE CONDUCTED**

Yes  NA  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	NA	NA	NA	NA	NA	NA	NA	NA	
II D. Pharm	NA	NA	NA	NA	NA	NA	NA	NA	

**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		
	Will be given as per PCI Norms							

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:

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			
<b>Recruitment Under Process</b>									

2. Qualification and number of Staff Members

Number of staff members required: 07

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

3. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
<b>Recruitment Under Process</b>	Duration of 15 yrs. And above	NA
	Duration of 10 yrs. And above	NA
	Duration of 5 yrs. And above	NA
	Less than 5 yrs.	NA

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	NA	NA		

5. No. 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	BSc	
2	Laboratory Assistants/ Attenders	04	SSLC	04	SSLC	
3	Office Superintendent	01	Degree	01	Degree	
4	Accountant cum Clark	01	Degree	01	Degree	
5	Store keeper	01	D. Pharm	01	D. Pharm	
6	Computer Data Operator	01	10+2 with computer training	01	10+2 with computer training	
7	Peon	02	SSLC	02	SSLC	
8	Cleaning personnel	04	---	04	---	
9.	Gardener	01	---	01	---	

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					
<b>AS per AICTE Norms</b>																

**8. Whether facilities for Research / Higher studies are provided to the faculty? (Will Be Provided)**

(Inspectors to verify documents pertaining to the above)

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

(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) :**

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

**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	Yes	01	
2.	Individual Service Register	Yes	10	
3.	Staff Attendance Registers	Yes	01	
4.	Sessional Marks Register	Yes	02	
5.	Final Marks Register	Yes	01	
6.	Student Attendance Registers	Yes	07	
7.	Minutes of meetings- Teaching Staff	Yes	01	
8.	Fee paid Registers	Yes	01	
9.	Acquittance Registers	Yes	01	
10.	Accession Register for books and Journals in Library	Yes	01	
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	Yes	01	
12.	Job Cards for laboratories	Yes	05	
13.	Standard Operating Procedures (SOP's) for Equipment	Yes	25	
14.	Laboratory Manuals	Yes	05	
15.	Stock Register for Equipment	Yes	07	
16.	Animal House Records as per CPCSEA	NA	NA	

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)**

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
	<b>ANNEXURE IV</b>									

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

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	2016-17			Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Total budget allocated	Sanctioned	Incurred Purchase order process	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
		5 Lakhs								
	Chemicals	3 Lakhs		Chemicals	NA	NA	Chemicals	NA	NA	
	Glassware	2 Lakhs		Glassware	NA	NA	Glassware	NA	NA	

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

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	2016-17			Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Total budget allocated	Sanctioned	Incurred Purchase order process	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
		10 Lakhs			NA	NA		NA	NA	
	Equipment	10 Lakhs		Equipment	NA	NA	Equipment	NA	NA	

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Signature of the Inspectors

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

Sl No.	Expenditure in Rs. 2016-17			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned 5 Lakhs	Incurred Purchase order Process	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
<b>1</b>	<b>Books</b>	<b>4 Lakhs</b>			NA	NA		NA	NA	
<b>2</b>	<b>Journals</b>	<b>1 Lakhs</b>			NA	NA		NA	NA	

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

27	Autoclave	01	<b>Purchase order Process</b>	NA	
28	Hot air sterilizer	01		NA	
29	Incubator	01		NA	
30	Aseptic cabinet	01		NA	
31	Ampoule clarity test equipment	01		NA	
32	Blender	01		NA	
33	Sieves set (Pharmacopoeial standard)	02		NA	
34	Lab Centrifuge	01		NA	
35	Ointment slab	Adequate		NA	
36	Ointment spatula	Adequate		NA	
37	Pestle and mortar porcelain	Adequate		NA	
38	Pestle and mortar glass	Adequate		NA	
39	Suppository moulds of three sizes	Adequate		NA	
40	Refrigerator	01		NA	

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

#### **PHARMACEUTICAL CHEMISTRY**

##### **Equipment:**

<b>Sl. No.</b>	<b>Name</b>	<b>Minimum required Nos.</b>	<b>Available Nos.</b>	<b>Working Yes / No</b>	<b>Remarks of the Inspectors</b>
1	Refractometer	01	<b>Purchase order Process</b>	NA	
2	Polarimeter	01		NA	
3	Photoelectric colorimeter	01		NA	
4	pH meter	01		NA	
5	Atomic model set	02		NA	
6	Electronic balance	01		NA	
7	Periodic table chart	Adequate		NA	

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

Signature of the Head of the Institution

Signature of the Inspectors

31	Human skeleton	1	<b>1</b>	Yes		
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1 set	<b>1 set</b>	Yes		
33	Electro-convulsimeter	1	<b>1</b>	Yes		
34	Stop watch	Adequate	<b>Adequate</b>	Yes		
35	Clamp, boss heads, screw clips	Adequate	<b>Adequate</b>	Yes		
36	Syme's Cannula	Adequate	<b>Adequate</b>	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	<b>01</b>	Yes	
2	Charts (different types)	Adequate	<b>Adequate</b>	Yes	
3	Models (different types)	Adequate	<b>Adequate</b>	Yes	
4	Permanent Slides	Adequate	<b>Adequate</b>	Yes	
5	Slides and Cover Slips	Adequate	<b>Adequate</b>	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	<b>01</b>	Yes	
2	Microscope	Adequate	<b>Purchase order process</b>	NA	
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate		NA	
4	Watch glass	Adequate		NA	
5	Centrifuge	1		NA	
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate		NA	
7	Filtration equipment	2		NA	

Signature of the Head of the Institution

Signature of the Inspectors

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

**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.

Photograph

Date of Birth & Age .....

<b>Qualification</b>	<b>College &amp; University</b>	<b>Year</b>	<b>Registration No. with State Pharmacy Council</b>	<b>Name of the State Pharmacy Council</b>
B.Pharm				
M.Pharm		NA		
(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			NA	
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 (Please fill the data of last academic session) :-

	Amount Received	TDS
April, 20__		
May, 20__		
June, 20__		
July, 20__		
August, 20__		
September, 20__		
October, 20__		
November, 20__		
December, 20__		
January, 20__		
February, 20__		
March, 20__		

(Copy of my form 16 (TDS certificate) for the last financial year is attached)

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

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
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).

NA

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 : \_\_\_\_\_