

PHARMACY COUNCIL OF INDIA

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

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

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.

2.

PART – I

A - GENERAL INFORMATION

A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	DM WIMS COLLEGE OF PHARMACY NASEERA NAGAR ,MEPPADI WAYANAD-673577 04936 287272,287273 04936-287273 collegeofpharmacy@dmwims.com
Year of Establishment	2016
Status of the course conducting body:	PRIVATE-TRUST
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) Telephone No: Fax No: E-mail Web Site:	DM EDUCATION AND RESEACH FOUNDATION NAZEERA NAGAR,MEPPADI WAYANAD-673577 04936-287000 04936-287287 co@dmwims.com www.dmwims.com
A – I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone Number (O) Mobile No. Fax No E-Mail	DEVANAND K T CHIEF ADMINISTRATIVE OFFICER DM WIMS MEDICAL COLLEGE NASEERA NAGAR ,MEPPADI WAYANAD-673577 04936-287000 04936-287287 9995998832 04936-287287 dev.d@dmwims.com
A – I.4 Name and Address of the Head of the Institution	DR.LAL PRASANTH.M.L. PRINCIPAL DM WIMS COLLEGE OF PHARMACY NASEERA NAGAR ,MEPPADI WAYANAD-673577

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	Remarks of the Inspectors
B. Pharm	2018-2019	859793	21.08.2017	

b. APPROVAL STATUS:

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2017-2018	Approval Letter No and Date	32-1229/2017-PCI/47552-54, November 2017	GO(MS)NO.183/2015/H&FWD, 31/08/2015, and LOP No. GO(MS)NO.118/2017/H&FWD, 1/08/2017	2017/19761/1-Cont.Affln.-Grant order-File No.2016/11623, 07/12/2017	
		Approved Intake	60	60	50	
		Actually Admitted	38	38	38	

c. STATUS OF APPLICATION

COURSES INSPECTED FOR

Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks
	Yes	No	Yes	No	Current Intake
B. Pharm	Yes	No	Yes	No	50

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. 6 a

Status of the Pharmacy Course:

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

Signature of the Head of the Institution

Signature of the Inspectors

Examining Authority : The Registrar
With complete postal Kerala University of Health Sciences,
Address, Medical College (P.O), Thrissur
Telephone No. and STD Code. Kerala-680596, Ph: 0487 2207664

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B -I .1					
Name of the Principal		DR. LAL PRASANTH.M.L.			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	2006	15 years, out of which 5 years as Prof. / HOD	16 Years	
	PhD	2017	10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

B -I .2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	07/08/2017-08/08/2017	Approved	Complied	No

* 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 2016-2017	Year 2017-2018	Year 200-
Sanctioned	60	60	
No. of Admissions	50	38	
Unfilled Seats	10	22	
No. of Excess Admissions	No	No	

Signature of the Head of the Institution

Signature of the Inspectors

B –I .6

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

ACADEMIC YEAR	Year 2016-2017	Year 200-	Year 200-
1st year	60		
2nd year			
3rd year			
Final year			
Pass % (Final Year)			

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

Whether college has NSS Unit (Yes/No)? If no give reasons	NA
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/ No
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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	Nil	CAPITAL EXPENDITURE			
2.	Tuition Fee	85,000	1.	Building	1080.00 lacs	
3.	Library Fee	2500	2.	Equipment	200 lacs	
4.	Sports Fee	2000	3.	Others	850 lacs	
5.	Union Fee	500	REVENUE EXPENDITURE			
6.	Others		1	Salary	105.57 lacs	
			2.	MAINTENANCE EXPENDITURE		
				i	College	12.00 lacs
				ii	Others	
			3.	University Fee (If any)	5.75 lacs	
			4.	Apex Bodies Fee	6.25 lacs	
			5.	Government Fee	1.00 lacs	
			6.	Deposit held by the College	29.50 lacs	
			7.	Others	40.00 lacs	
			8.	Misc.Expenditure	5.00 lacs	
				Total	205.070lacs	
Total						

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : **Available / Not Available**
ANNEXURE: II
- 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

3,968 Sq.M

 Amenities and Circulation Area

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2. Class rooms:

Total Number of Class rooms provided at the end of 4 Year Course

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	04	4	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	90 Sq.Mts	

(*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 Sq mts	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	12 90 Sq Mts each	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 1 Laboratory 2 Laboratories 01 Laboratories 01 Laboratory 10 Laboratories *	80 Sq.Mts Each	
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)	6 10 Sq Mts each	
4	Area of the Machine Room	80-100 Sq.mts		
5	Central Instrumentation Room	80 Sq.mts with A/ C		
6	Store Room – I	1 (Area 100 Sq mts)		
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)		

*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 taps should be non-leaking and directly installed on sinks. Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq.mts	
1	Principal's Chamber	01	30 Sq .mts	1	40 sqmt	
2	Office – I - Establishment	01	60 Sq. mts	1	150 sqmt	
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	4	20 Sq mts	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	4	70Sqmt	

6. Museum, Library, Animal House and other Facilities

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	1	80 Sq mts	
2	Library	01	150 Sq mts	1	150 Sqmt	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	50	
4	Auditorium / Multi-Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	350 Sq Mt	
5	Seminar Hall	01		1	350 Sq Mt	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants			

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	1	60 sqmt	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	60 sqmt	
3	Toilet Blocks for Boys	01	24 Sq.mts	1	30 sqmt	
4	Toilet Blocks for Girls	01	24 Sq.mts	1	30 sqmt	
5	Drinking Water facility – Water Cooler (Essential).	01		1	Available	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	10	30qmt each for 3 students	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	15	30qmt each for 3 students	
8	Power Backup Provision (Desirable)	01	Generator	1		Central DG

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	1	70 sqmt	
Computer (Latest Configuration)	1 system for every 10 students	10		
Printers	1 printer for every 10 computers	10		
Multi Media Projector	01	01	01	
Generator (5KVA)	01	01	02	

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Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	1	100 sqmt		
Staff quarters	16 x 80 Sq. mts	6	60 sqmt		Yes
Canteen	100 Sq. mts	1			Yes
Parking Area for staff and students					
Bank Extension Counter					2 ATM counters are available SBT, SIB
Co operative Stores					
Guest House	80 Sq. mts	1	100 sqmt		
Transport Facilities for students					Yes
Medical Facility (First Aid)					Owens Medical College Hospital

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 text books and titles in all disciplines of pharmacy	560	1600	
2	Annual addition of books		100 to 150 books per year			
3	Periodicals Hard copies / online		10 National 05 International periodicals	10		
4	CDS		Adequate Nos	√	Available	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	√	40	
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	√ 01 01	1 1 1	
7	Library Automation and Computerized System					Yes
8	Library Timings: 8.30 AM to 10 PM					Yes

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	

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio: Theory Practicals Remarks of the Inspectors

(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 DD/MM/YY	Completion DD/MM/YY
	17/08/2016	30/07/2017

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 class	
1	2	3	4	5		

II B. Pharm:

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

III B. Pharm:

Signature of the Head of the Institution

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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		

IV B. Pharm:

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

8. Whether Tutorials are being conducted (if any, as per university norms)

9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last

Three years.

A.

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures	Yet to be organized		
Seminars			
Workshops			
Symposia			

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 Inspect or
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	17/11/2016	23/11/2016	23.02.2017		19.5.2017		
I B. Pharm, Semester	06/11/2017	01/01/2018	01/01/2018	11/01/2018			
II B. Pharm	06/11/2017		20/01/2018				
III B. Pharm							
IV B. Pharm							

11. Whether Evaluation of the internal assessments is Fair Yes No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B.Pharm									
I B.Pharm									
III B.Pharm									
IV B.Pharm									

12. Work load of Faculty members for B. Pharm

Sl. No	Name of the Faculty	Subjects taught	B. Pharm		Total work	Remarks of the Inspector
			Th	Pr		
1	Dr. Lal Prasanth M.L	Pharm. Chemistry III	1	3	4	
2	Prof. Shibu Prasanth C.R	EVS, H.A.P, Patho physiology	4	4	8	
3	Mr. Dilip Krishnan K	H.A.P, Patho physiology	7	4	11	
4	Dr. Jiji Jose	Pharmaceutics, Pharma Technology	2	6	8	
5	Miss. Reshma P. T	Bio Chemistry	2	7	9	
6	Mrs. Tina Raju	Physical Pharmacy	2	6	8	
7	Mrs. Jisha Prems	Biochemistry	4	7	11	
8	Mr. Ajmal.H	Pharm. Analysis, Organic Chemistry	2	10	12	
9.	Mrs. Neethu Sara Varghese	Pharm. Chemistry III, Organic Chemistry	5	7	12	

Signature of the Head of the Institution

Signature of the Inspectors

10.	Mr. Mohammad Basheer	Mathematics	2		2	
11.	Mr. Saravanan	Computer	3	8	11	

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

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

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	1
Industrial Tour	1
Industrial Training	
No. of Resource Persons from the Industry for Guest Lectures	1
No. of Collaboration projects with Industry	

5. 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			
% Placed			

16. Whether Professional Society Activities are Conducted (Enclose Details) (ISTE, IPA, APTI, ICTA and Related Societies) Yes No

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF:

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

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Exp. After P.G.	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspector
1.	Dr. Lal Prasanth ML	Principal & Professor	M. Pharm & Ph.D.	01-12-2015	15.6 Years	24587 (KL)		
2.	Ms. Reshma	Assistant Professor	M. Pharm	02-12-2015	5 Years	37081 (KL)		
3.	Mr. Shibu Prasanth CR	Professor	M. Pharm & Ph.D.-doing	11-04-2015	18 Years	25978 (KL)		
4.	Mr. Dilip Krishnan K	Associate Professor	M. Pharm & Ph.D.-doing	20.02.2017	9 Years	12934 A1 (TN)		
5.	Dr. Jiji Jose	Associate Professor	M. Pharm & Ph.D.	27.05.2017	10 Years	36229 (KA)		
6.	Mrs. Jisha Prems	Assistant Professor	M. Pharm	10.07.2017	7.9	39725(KA)		
7.	Mrs. Tina Raju	Assistant Professor	M. Pharm	26.09.2017	2.6	62633(MH)		
8.	Mr. Ajmal.H	Assistant Professor	M. Pharm	03.10.2017	4.2	41435(KL)		
9.	Mrs. Neethu Sara Varghese	Assistant Professor	M. Pharm	03.10.2017	2.2	45104(KL)		

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
9	2	1

Signature of the Head of the Institution

Signature of the Inspectors

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 II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1	1	1	1	1	1	1	
Pharmaceutical Chemistry	1	2	3	3	3	3	4	
Pharmaceutical Analysis	1	1	1	1	1	1	1	
Pharmacology	1	1	1	1	2	2	4	
Pharmacognosy	1	1	1	1	1	1	3	
Pharmaceutics	1	1	2	2	5	5	4	
Total	6	7	9	9	13	13	17	
Part time teaching Staff	3	3	3	3	3	3	-	
Remarks of the Inspection Team								

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

Ratio of staff - Prof. (2): Asst. Prof. (2): Lecturer (2)

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

Professor: Asst. Professor: Lecturer

Cadre	Pharmaceutical Chemistry	Pharmacognosy	Pharmaceutics	Pharmacology
Professor	1	1		
Asso. Professor			1	1
Asst. Professor	4		1	

Signature of the Head of the Institution

Signature of the Inspectors

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor/ Asso. Professor	1	1	
	Asst. Professor	1	1	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor/ Asso. Professor	1	1	
	Asst. Professor	1	4	
Department of Pharmacology/Pharmacy Practice	Professor/ Asso. Professor	1	1	
	Asst. Professor			
Department of Pharmacognosy	Professor/ Asso. Professor	1	1	
	Asst. Professor			

5. Selection criteria and Recruitment Procedure for Faculty:

a.	Whether Recruitment Committee has been formed	Yes / No
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes / No
c.	Whether Demonstration Lecture has been conducted	Yes / No
d.	Whether opinion of Recruitment Committee Recorded	Yes / No

6. Details of Faculty Retention for:

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
	Less than 5 yrs.	

7. Details of Faculty Turnover:

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

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Signature of the Inspectors

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

Signature of the Head of the Institution

Signature of the Inspectors

9. 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					
1																
2																
3																
4																
5																
6																

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: Promotions

Yes

No

13. Gratuity Provided

Yes

No

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

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature		Remarks of the Inspectors
					28			

15. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential

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

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

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	12,00,000	26,34,652.89	Books	6,00,000		Books			
2	Journals	50,00,000	59,663.00	Journals	1,50,000		Journals			

*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 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	20		
2	Haemocytometer with Micropipettes	20	20		
3	Sahli's haemocytometer	20	25		
4	Hutchinson's spirometer	01	01		
5	Spygmomanometer	05	08		
6	Stethoscope	05	20		
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	Available		
8	Models for various organs	One model of each organ system	Available		
9	Specimen for various organs and systems	One model for each organ system	Available		
10	Skeleton and bones	One set of skeleton and one spare bone	Available		
11	Different Contraceptive Devices and Models	One set of each device	One set		
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	Sherrington Drum	10	10		
21	Perspex bath assembly (single unit)	10	10		
22	Aerators	10	10		
23	Computer with LCD	01	01		
24	Software packages for experiment	01	01		
25	Standard graphs of various drugs	Adequate number	Adequate Number		
26	Actophotometer	01	01		
27	Rotarod	01	01		
28	Pole climbing apparatus	01			
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	01		
30	Convulsiometer	01	01		
31	Plethysmograph	01	01		
32	Digital pH meter	01	01		

Apparatus:

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60		
2	Dissection Tray and Boards	10	10		
3	Haemostatic artery forceps	10	10		
4	Hypodermic syringes and needles of size 15,24,26G	10	10		
5	Levers, cannulae	20	20		

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

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	20	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	3	Yes	

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5	B.O.D.incubator	01	01		
6	Refrigerator	01	01		
7	Laminar air flow	01	01		
8	Colony counter	02	02		
9	Zone reader	01	01		
10	Digital pH meter	01	01		
11	Sterility testing unit	01			
12	Camera Lucida	15	30		
13	Eye piece micrometer	15	15		
14	Incinerator	01	01		
15	Moisture balance	01	01		
16	Heating mantle	15	15		
17	Flourimeter	01	01		
18	Vacuum pump	02	02		
19	Micropipettes (Single and multi channeled)	02	02		
20	Micro Centrifuge	01	01		
21	Projection Microscope	01	01		

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	20	Yes	
2	Water bath	20	20	Yes	
3	Clavengers apparatus	10	10	Yes	
4	Soxhlet apparatus	10	10	Yes	
6	TLC chamber and sprayer	10	10	Yes	
7	Distillation unit	01	01	01	

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	

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

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	40	100	Yes	
5	Arsenic Limit Test Apparatus	20	10	Yes	
6	Nessler's Cylinders	40	100	Yes	

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	10		
2	Homogenizer	05	01		
3	Digital balance	05	03		
4	Microscopes	05	05		
5	Stage and eye piece micrometers	05	05		
6	Brookfield's viscometer	01			
7	Tray dryer	01	01		
8	Ball mill	01	01		

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9	Sieve shaker with sieve set	01	01		
10	Double cone blender	01	01		
11	Propeller type mechanical agitator	05			
12	Autoclave	01	01		
13	Steam distillation still	01	01		
14	Vacuum Pump	01	01		
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 Sets		
16	Tablet punching machine	01	01		
17	Capsule filling machine	01			
18	Ampoule washing machine	01			
19	Ampoule filling and sealing machine	01			
20	Tablet disintegration test apparatus IP	01	01		
21	Tablet dissolution test apparatus IP	01	01		
22	Monsanto's hardness tester	01	01		
23	Pfizer type hardness tester	01	01		
24	Friability test apparatus	01	01		
25	Clarity test apparatus	01	01		
26	Ointment filling machine	01			
27	Collapsible tube crimping machine	01			
28	Tablet coating pan	01			
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10			
30	Digital pH meter	01	10		
31	All-purpose equipment with all accessories	01	01		
32	Aseptic Cabinet	01			
33	BOD Incubator	02	01		
34	Bottle washing Machine	01			
35	Bottle Sealing Machine	01			
36	Bulk Density Apparatus	02	01		
37	Conical Percolator (glass/ copper/ stainless steel)	10	02		
38	Capsule Counter	02			
39	Energy meter	02			
40	Hot Plate	02	02		

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41	Humidity Control Oven	01			
42	Liquid Filling Machine	01			
43	Mechanical stirrer with speed regulator	02	02		
44	Precision Melting point Apparatus	01	01		
45	Distillation Unit	01	01		

Apparatus:

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

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

PHARMACEUTICAL BIOTECHNOLOGY

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

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9	Diagnostic kits to identify infectious agents	01	01		
10	Rheometer	01	01		
11	Viscometer	01	01		
12	Micropipettes (single and multi-channeled)	01 each	01 each		
13	Sonicator	01	01		
14	Respinometer	01	01		
15	BOD Incubator	01	01		
16	Paper Electrophoresis Unit	01	01		
17	Micro Centrifuge	01	01		
18	Incubator water bath	01	01		
19	Autoclave	01	01		
20	Refrigerator	01	01		
21	Filtration Assembly	01	01		
22	Digital pH meter	01	01		

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

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01		
2	Digital pH meter	01	01		
3	UV- Visible Spectrophotometer	01	01		
4	Flourimeter	01	01		
5	Digital Balance (1mg sensitivity)	01	01		
6	Nephelo Turbidity meter	01			
7	Flame Photometer	01	01		
8	Potentiometer	01	01		
9	Conductivity meter	01	01		
10	Fourier Transform Infra Red Spectrometer (Desirable)	01			
11	HPLC	01			
12	HPTLC (Desirable)	01			

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13	Atomic Absorption and Emission spectrophotometer (Desirable)	01			
14	Biochemistry Analyzer (Desirable)	01			
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01			
16	Deep Freezer (Desirable)	01			
17	Ion- Exchanger	01			
18	Lyophilizer (Desirable)	01			

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

- 1. The Inspection Team is instructed to physically verify the details and records filled up by the college in the application form submitted by the college, which is with you now and record the observations, opinions and recommendations in clear and explicit terms.**
- 2. The team is requested to record their comments only after physical verification of records and details.**

Signature of the Head of the Institution

Signature of the Inspectors

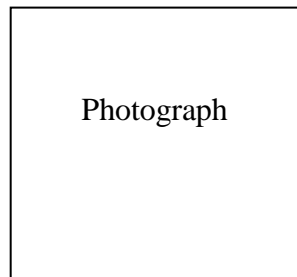
PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

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



Date of Birth & Age
.....

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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

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

Contd. on page 2

Permanent Residential

Address of employee : _____

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

STD Code

Phone No.

Phone & Fax Number with Code Office : _____

Residence : _____

E-mail address : _____

Date of joining present institution : _____ as _____

(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Professor				
Principal				

1) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (**relieving order is enclosed from the previous institution**).

2) I, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

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

	Amount Received	TDS
April, 2013		
May, 2013		
June, 2013		
July, 2013		
August, 2013		
September, 2013		
October, 2013		
November, 2013		
December, 2013		
January, 2014		
February, 2014		
March, 2014		

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

P.A.N. : _____ Circle : _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2012-2013.
2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date : _____ Place: _____

Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/
Principal in respect of Teaching Staff

Date : _____ Place : _____