**SCHEME FOR OBTAINING PERMISSION OF**

**PHARMACY COUNCIL OF INDIA TO START PHARM.D. OR PHARM.D. AND PHARM.D.**

**(POST BACCALUERATE) PROGRAMME**

**All applications under this scheme be submitted to the Secretary, Pharmacy Council of India, before the prescribed date mentioned in the schedule**

1. **Eligibility Criteria:**

The following organizations shall be eligible to apply in the SIF for permission to start the Pharm.D., programme/s namely:

* 1. A State Government / Union Territory
  2. A University
  3. A Registered Society under the Societies Registration Act

1. **Qualifying Criteria:**

Conditions to be fullfilled by person, institution, society or University to qualify to apply to PCI for permission to start Pharm.D. programme/s:

* 1. The consent of Affiliation for the proposed Pharm.D. programme/s by the applicant from a University.
  2. No admission shall be made by the applicant to the proposed Pharm.D. programme/s without prior permission of the PCI.
  3. The applicant shall provide necessary additional infrastructural facilities as prescribed by the PCI under “Appendix – B” of Pharm.D. regulations for the starting of Pharm.D. programme/s. Opening of the Pharm.D. programme/s in a hired or rented building shall not be permitted.
  4. The applicant should have been approved under section 12 of the Pharmacy Act 1948 for the conduct of B.Pharm course.
  5. The applicant shall provide 300 bed hospital facility as prescribed under regulation 2) of “Appendix – B” of Pharm.D. regulations.

Signature of the Head of the Institution Signature of the Inspectors

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**3. Form and Procedure:**

1. The applicant, subject to the fulfillment of above eligibility and qualifying criteria and also the requirements specified under the Pharm.D. regulations shall submit application in prescribed Standard Inspection Format (SIF) only, in triplicate to start the Pharm.D. programme/s to the Pharmacy Council of India.
2. The SIF shall be submitted by the applicant either by Courier, Registered Post or in person to the Secretary, Pharmacy Council of India, New Delhi, along with a non-refundable application fee of Rs.2.00 lakhs in the form of Demand Draft in favour of „Pharmacy Council of India‟ payable at New Delhi. The said fee covers registration of application, technical scrutiny, contingent expenditure and two inspections.

Beyond two inspections, the normal inspection fee prescribed by council will apply as prescribed under para 4 of this scheme.

1. The schedule for receipt of applications for the starting of Pharm.D programme and processing of applications by the Pharmacy Council of India is given in the para 6 of this scheme.
2. The applications received by the Pharmacy Council of India will be registered in the council office for scrutiny. Registration of application will only signify the acceptance of the application for scrutiny. Incomplete applications will be rejected summarily without refund of application fee. The applicant may apply a fresh within the stipulated time alongwith the non-refundable application fee.
3. The Council will scrutinize the application in the first instance in terms of the feasibility of starting the proposed programme/s at the said institution. While evaluating the application, the council may seek clarification or additional information from the applicant as deemed necessary and carry out physical inspection to verify the information supplied by the applicant.
4. After examining the application and after conducting necessary physical inspections, the Council office shall submit to the Central Council factual report stating that:
   1. The applicant fulfils the eligibility and qualifying criteria.
   2. The applicant has the necessary managerial and financial capabilities to establish the Pharm.D. programme.
   3. The applicant has a feasible and time bound programme for recruitment of faculty and staff as prescribed in the Pharm.D. regulations and that the necessary posts stand created.

Signature of the Head of the Institution Signature of the Inspectors

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* + 1. The applicant has appointed staff for 1st year of Pharm.D., & 4th year of Pharm.D. (Post bacculearte) programme.
    2. The applicant has not admitted students without prior permission of PCI.
    3. Deficiencies of any kind shall be pointed out indicating whether these are remediable or not.
  1. The Central Council may then permit/approve/reject the application for conduct of Pharm.D., Programme/s and accordingly issue letter in a time bound manner specifying annual targets to be achieved by the applicant during the following years, if permission/approval is granted.
  2. The recommendation of the Central Council shall be final.
  3. The permission to establish the Pharm.D., Programme will be given initially for a period of one year and will be renewed on yearly basis subject to verification of the achievements of annual targets. It is the responsibility of the institution to apply to the Pharmacy Council of India for purpose of renewal six month prior to the expiry of the initial permission. This process of renewal of permission will continue till such time the establishment of all infrastructural facilities and staff requirements prescribed in the Pharm.D. regulation are completed and approval under section 12 of the Pharmacy Act 1948 for the conduct of Pharm.D programme is granted to the institution.
  4. The Council may then extend the approval of Pharm.D., Programme under section 12 of Pharmacy Act 1948 conducted by the institution for a period 1/3/5 years as the case may be for which the institution shall apply to the Pharmacy Council of India six months prior to the expiry of approval held.
  5. The Council may obtain any other information from the institution as it deems necessary.

1. **Fee Structure:**

The fee structure prescribed for Pharm.D programme is as under -

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Detail** |  | **Amount** |
|  |  |  |  |
| 1. Starting | of Pharm.D programme (including | fees for 2 | Rs.2,00,000 |
| inspections) to be submitted with the application | |  |  |
|  | |  |  |
| 2.Yearwise approval and inspection fee | |  | Rs.1,00,000 |
|  | | |  |
| 3.Approval under section 12 ( including fees for two inspections) | | | Rs.2.00,000 |
|  | |  |  |
| 4.Verification of compliance if any | |  | Rs.1,00,000 |
|  |  | |  |
| 5.Annual | affiliation fee after approval under section 12 | | Rs. 50,000 |
|  | |  |  |
| Signature of the Head of the Institution | | Signature of the Inspectors | |

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1. **Reapplication :**

Wherever the Central Council has rejected the application of the applicant for the conduct of Pharm.D. programme/s the applicant may apply a fresh for the conduct of Pharm.D. programme/s in the ensuing year following the dates of submission etc., mentioned in the schedule under para 6 of this scheme.

1. **Schedule for submission of application and processing:**

|  |  |  |
| --- | --- | --- |
| Sl. No. | Stage of processing | last date |
|  |  |  |
| a. | Receipt of application | 1st August to 31st August |
|  |  | of the previous year. |
| b. | Completion of inspection | 15th December |
| c. | Approval of central council | 31st March |
| d. | EC/CC decision on website | 30th April |

Signature of the Head of the Institution Signature of the Inspectors

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**PHARMACY COUNCIL OF INDIA**

STANDARD INSPECTION FORM

* PHARM.D
* PHARM.D. and PHARM.D (POST BACCALAUREATE)

**General Information pertaining to :-**

1. College and teaching hospital (Pharmacy Practice site)
2. Courses of Study leading to :-

**Pharm D. course**

Name of Institution : ………………………………………………………………………. Place and Address : …………………………………………………………………………..

Principal/Dean

Tel. No. Off. ……………………………Res.………………………Fax .…………………. Mobile No. : ………..……….…………………………………………………………….…… email : ………..……….…………………………………………………………….……………

Name and address of Affiliating University : …………………………………………

**Date :** **Signature of Dean/Principal**

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This form shall be precisely filled in, verified and signed by the Head/Principal, of the institution and forwarded in triplicate to the Secretary, Pharmacy Council of India. The entries should be as required under the PCI (Pharm.D.) regulations and norms.

Signature of the Head of the Institution Signature of the Inspectors

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**PHARMACY COUNCIL OF INDIA**

**Standard Inspection Format (S.I.F) for - Pharm. D. Programme**

**or**

**-** **Pharm.D. and Pharm. D. (Post Baccalaureate) Programmes**

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

**(SIF-D)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***To be filled up by P.C.I.*** | ***To be filled up by inspectors*** | |  |  |  |  |
| **Inspection No. :** | **Date of Inspection:** |  |  |  |  |  |
| **FILE No. :** | **NAME OF THE INSPECTORS: 1. \_\_\_\_\_** | **\_** | **\_** | **\_** | **\_** | **\_\_** |
|  | **(BLOCK LETTERS)** |  |  |  |  |  |
|  | **2. \_\_\_\_\_** | **\_** | **\_** | **\_** | **\_** | **\_\_** |

**PART – I**

**A - GENERAL INFORMATION**

**A – I. 1**

Applicant is for

Pharm.D. √

Pharm.D. and Pharm.D. (Post Baccalaureate) (Tick the relevant Box)

**A – I .2**

Year of starting of the course 2017-2018

**A – I .3**

Name of the Institution: Shadan Womens College of Pharmacy

Complete Postal address: 6-2-980, Khairatabad, Hyderabad-500004

STD code 040

Telephone No. 23305545

Fax No. 66669915

E-mail pharmacy.swcp@gmail.com

**A – I .4**

Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of

Society/Trust) Society

**A – I .5**

Name, address of the Society/Trust/ Management SHADAN EDUCATION SOCIETY

(attach documentary evidence) 6-2-978, KHAIRTABAD, HYD-04

STD Code: 040

Telephone No: 66669914

Fax No: 66669915

E-mail Web Site: www.shadanwomenspharma.com

Signature of the Head of the Institution Signature of the Inspectors

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**A – I .6**

Name, Designation and Address of person to be contacted

Name Shah Alam Rasool Khan

Designation CHAIRMAN

Address 6-2-978 Khairtabad, Hyderabad-500004.

STD Code 040

Telephone No.

Office 66669913

Residence 66669913

Mobile No. 9848403300

Fax No. 66669915

E-Mail Shadan@hd1vsnl.net

**A – I .7**

Name and Address of the Head of the Institution Dr M Sunitha

6-2-980, Khairtabad, Hyderabad-500004

**A – I .8**

Name of the Examining Authority The Registrar

Complete Postal address: Jawaharlal Nehru Technological University

Kukatpally, Hyderabad-085

STD code: 040

|  |  |
| --- | --- |
| Telephone No: | 32422253 |

Fax No. 23158665

E-mail Pa2registrar@jntuh.ac.in

Website www.jntuh.ac.in

Signature of the Head of the Institution Signature of the Inspectors

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **A – I .9** |  | |  |  |  | | |  |  |  |  | |  |  |  |  |  |  |
|  | **APPLICATION FOR INSTITUTION SEEKING APPROVAL FOR PHARM. D.** | | | | | | | | | | | | | | |  | **OR PHARM. D.** | |  |
|  | **AND PHARM.D. (POST BACCALAUREATE) PROGRAMME** | | | | | | | | | | |  | **(Tick appropriate box)** | | | | | |  |
|  | a. **DETAILS OF INSPECTION/AFFILIATION FEE PAID** | | | | | | | | | | |  |  | |  |  |  |  |  |
|  |  |  | |  |  |  | | | |  |  |  |  | |  |  |  |  |  |
|  | **Name of the Course** | | | |  | **Affiliation Fee/Inspection fee** | | | | | |  | **D.D. No** | | |  | **Dated** | |  |
|  |  |  | |  |  | **for/up to the year** | | | | | |  |  | |  |  |  |  |  |
|  |  |  | |  |  |  |  | | |  |  |  |  | |  |  |  |  |  |
|  | (a) Pharm. D. | | |  |  | 2017 | – 2018 | | | | |  | 235405 | | | |  | 29/08/2016 |  |
|  | (b) Pharm. D. Post Baccalaureate | | | |  | 200 | – 200 | | | | |  |  | |  |  |  |  |  |
|  |  |  | |  | |  |  |  | | |  |  |  | |  |  |  |  |  |
|  | b. **APPROVAL STATUS OF THE INSTITUTION** | | | | | |  |  | | |  |  |  | |  |  |  |  |  |
|  | **Name of** | **Approved** | **Intake Approved and** | | | |  | **PCI** | | |  | **STATE** | | | **UNIVERSITY** | | | **Remarks** |  |
|  | **the** | **up to** |  | | **Admitted** | |  |  | | |  | **GOVT** | | |  |  |  | **of the** |  |
|  | **Course** |  |  | |  |  |  |  | | |  |  | |  |  |  |  | **Inspectors** |  |
|  |  |  |  | | | |  |  | | |  |  | |  |  |  |  |  |  |
|  | D.Pharm. |  | **Approval Letter No. and** | | | |  |  | | |  |  | |  |  |  |  |  |  |
|  |  |  | **Date** | |  |  |  |  | | |  |  | |  |  |  |  |  |  |
|  |  |  | **Approved Intake** | | | |  |  | | |  |  | |  |  |  |  |  |  |
|  |  |  | **Actually Admitted** | | | |  |  | | |  |  | |  |  |  |  |  |  |
|  | B.Pharm. |  | **Approval Letter No. and** | | | |  | Ref no. 32-221/2001-PCI-16322-25 Dt. 8 Nov 2008 | | | GO 275 Dt. 16/9/1997 | | | |  | **-------** | |  |  |
|  |  |  | **Date** | |  |  |  |  | | |  |  | |  |  |  |  |  |  |
|  |  |  | **Approved Intake** | | | |  | 68 | | | 100 | | |  |  | **100** | |  |  |
|  |  |  | **Actually Admitted** | | | |  | 68 | | | 68 |  | |  |  | **---------** | |  |  |

**Note: Enclose relevant documents A –I. 10**

**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. 10 a**

**Status of the Pharmacy Course:**

**Independent Building Yes**

**Wing of another college No**

**Separate Campus Yes**

**Multi Institutional Campus No**

**Any Other, please specify**

**A – I. 10 b**

**STATUS OF APPLICATION**

|  |  |  |
| --- | --- | --- |
| **Course** | **Intake** | **Remarks** |
|  | **Permissible** | **Proposed Intake** |
| Pharm. D. | 30 | 30 |
|  |  |  |
| Pharm. D. (P.B) | 10 | 0 |
|  |  |  |

Signature of the Head of the Institution Signature of the Inspectors

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**B - Details of the Institution**

**B –I .1**

**Name of the Principal/Head**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Qualification\*** | | | **Teaching Experience** | | | | |  | **Actual** | |  | **Remarks of the** |  |
|  |  |  | **Required** | | | | |  | **experience** | | | **Inspectors** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Qualification/** | |  | M. Pharm |  |  | 15 years | in | | teaching | | or |  |  |  |  |  |
|  |  |  |  | Research | out | | of | which 5 | |  |  |  |  |  |
| **Experience** | |  |  |  |  | 13 |  |  |  |  |
|  |  |  |  | yearsshould | | | | be | as |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Professor. |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | PhD |  | Yes |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **\* Documentary evidence should be provided** | | | | | | |  |  |  |  |  |  |  |  |  |  |
| **B –I .2** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **For institution seeking extension of approval** | | | | | | |  |  |  |  |  |  |  |  |  |  |
| **Course** |  | **Date of last** | |  | **Remarks of the** | |  |  | **Deficiencies rectified** | | | |  | **Intake** | |  |
|  |  | **Inspection** | |  | **last Inspection** | |  |  |  | **/ Not rectified** | | |  | **reduced/Stopped in** | |  |
|  |  |  |  |  | **Report** |  |  |  |  |  |  |  |  | **the last 03 years\*** | |  |
| (a) Pharm. D. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (b) Pharm.D. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Post |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baccalaureate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* Enclose Documents (write NA if not applicable)

**B –I .3**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Institution** | | |  | 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** | **Remarks of** | |  |
|  |  |  |  |  |  |  |  | **benefit** | **the** | |  |
|  |  |  |  |  |  |  |  |  | **Inspectors** | |  |
| **Teaching** |  |  |  | Yes / **No** | | Yes / **No** |  | Yes / **No** |  |  |  |
| **Staff** | **AICTE /UGC/State Govt.** |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
|  | **Yes** / No |  | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Non-** |  |  |  |  |  |  |  |  |  |  |  |
| **Teaching** | **AICTE /UGC/State Government** |  | | Yes / **No** | | Yes / **No** |  | Yes / **No** |  |  |  |
| **Staff** | **Yes** / No |  | |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |  |
| **B –I .5 Co – Curricular Activities / Sports Activities** | | | |  |  |  |  |  |  |  |  |
|  | | | |  |  |  |  |  |  |  |  |
| Whether college has NSS Unit (Yes/No)? | | | |  |  | No |  |  |  |  |  |
|  | | | |  |  |  |  |  |  |  |  |
| NSS Programme Officer’s Name | | | |  |  | -- |  |  |  |  |  |
|  | | | | |  |  |  | |  |  |  |
| Whether students participating in University level cultural | | | | |  |  | **Yes**/No | |  |  |  |
| activities / Co- curricular/sports activities | | | |  |  |  |  |  |  |  |  |
|  | | | |  |  |  | | |  |  |  |
| Physical Instructor | | | |  |  | **Available** / Not available | | |  |  |  |
|  | | | |  |  |  | | |  |  |  |
| Sports Ground | | | |  |  | Individual / **Shared** | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

Signature of the Head of the Institution Signature of the Inspectors

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**C - FINANCIAL STATUS OF THE INSTITUTION**

**Audited financial Statement of Institute should be furnished**

**C –1.1 Resources and funding agencies (give complete list)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C** –**1.2 Please provide following Information** | | |  |  |  |  |  |  |  |  |  |
|  | **Receipts** |  |  |  |  |  | **Expenditure** | |  | **Remarks** |  |
| **Sl.** | **Particulars** | **Amount** |  | **Sl.** |  | **Particulars** | |  | **Amount** | **of the** |  |
| **No.** |  |  |  | **No.** |  |  |  |  |  | **Inspectors** |  |
| **1.** | **Grants** |  |  |  |  |  |  |  |  |  |  |
|  | **a. Government** | 0.00 |  | **CAPITAL EXPENDITURE** | | | | |  |  |  |
|  | **b. Others** | 0.00 |  |  |  |  |  |  |  |  |  |
| **2.** | **Tuition Fee** | 1640000.00 |  | **1.** | **Building** | | | 1070024.00 | |  |  |
|  |  |  |  |  |  | |  |  |  |  |  |
| **3.** | **Library Fee** | 0.00 |  | **2.** | **Equipment** | | |  | 609700.00 |  |  |
|  |  |  |  |  |  | |  |  |  |  |  |
| **4.** | **Sports Fee** | 0.00 |  | **3.** | **Others** | | |  | 561858.00 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** | **Union Fee** | 0.00 |  | **REVENUE EXPENDIUTRE** | | | | |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  | |  |  |  |
| **6.** | **Others** | 240.00 |  | **1** | **Salary** | | |  | 5075450.00 |  |  |
|  |  |  |  |  |  | |  |  |  |  |  |
|  |  |  |  | **2.** | **MAINTENANCE** | | | |  |  |  |
|  |  |  |  |  | **EXPENDITURE** | | | |  |  |  |
|  |  |  |  |  | **i** |  | **College** |  | 169500.00 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **ii** |  | **Others** |  | 0.00 |  |  |
|  |  |  |  |  |  | |  |  |  |  |  |
|  |  |  |  | **3.** | **University Fee** | | |  | 639000.00 |  |  |
|  |  |  |  |  | **(If any)** | | |  |  |  |  |
|  |  |  |  | **4.** | **Apex Bodies Fee** | | |  | 70000.00 |  |  |
|  |  |  |  |  |  | | |  |  |  |  |
|  |  |  |  | **5.** | **Government Fee** | | |  | 0.00 |  |  |
|  |  |  |  | **6.** | **Misc.Expenditure** | | |  | 300000.00 |  |  |
|  |  |  |  |  |  | **Total** | |  | 7261978.00 |  |  |
|  | Total | 1640240.00 |  |  |  |  |  |  |  |  |  |
| **Note: Enclose relevant documents** | | |  |  |  |  |  |  |  |  |  |

Signature of the Head of the Institution Signature of the Inspectors

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**PART- II PHYSICAL INFRASTRUCTURE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** a. Availability of Land for the Pharmacy College | : 0.75acres | | |  |
| b. Building | : **Own** | | |  |
| c. Land Details to be in the name of Trust and Society |  |  |  |  |
| i) Own – Records to be enclosed |  |  |  |  |
| Sale deed/relevant document | : **Enclosed** | | |  |
| d. Building: |  |  |  |  |
| i) Approved Building plan, | : **Enclosed** | | |  |
| e. Total Built up Area of the college building in Sq.mts | : 1291 | | |  |
| f. Amenities and Circulation Area in Sq.mts. |  |  |  |  |
|  | 774 |  |  |
| **2. Class rooms:** |  |  |  |
|  |  |  |  |

**Total Number of Class rooms available and number provided for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) Programme**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Class** | **Required** | **Available** | **Required Area for each** | **Available** |  | **Remarks of** |
|  |  | **Numbers** | **Class Room** | **Area in** |  | **the Inspectors** |
|  |  |  |  | **Sq.mts.** |  |  |
| D.Pharm./B.Pharm. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Pharm. D. \* | 2 | 03 | 90 Sq.mts. each | 240 |  |  |
|  |  |  | (Desirable) |  |  |  |
|  |  |  | 75 Sq.mts. each |  |  |  |
|  |  |  | (Essential) |  |  |  |
|  |  |  |  |  |  |  |
| Pharm. D. Post |  |  |  |  |  |  |
| Baccalaureate |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **(\* To accommodate 30 students for Pharm D and 10 for Pharm. D. Post Baccalaureate )** | | | | | |  |

1. **Laboratory requirement for both Pharm. D. or Pharm.D. and Pharm.D. (Post Baccalaureate) Programme\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.** |  | **Infrastructure for** | | | **Minimum** | **Available** | **Remarks** |
| **No.** |  |  |  |  | **requirement as** | **No. & Area** | **of the** |
|  |  |  |  |  | **per Norms** | **in Sq.mts.** | **Inspectors** |
| 1 | Laboratory Area | |  |  | 75 Sq.mts. each | 08/ 600Sq.mts |  |
|  | (8 Labs) | |  |  |  |  |  |
|  |  | | | |  |  |  |
| 2 | - Pharmaceutics and Pharmacokinetics Lab | | | | 2 | 2/150Sq.mts |  |
|  | - Life Science (Pharmacology, Physiology, | | | | 2 | 2/150Sq.mts |  |
|  |  | Pathophysiology) |  |  |  |  |  |
|  | - | Phytochemistry | or | Pharmaceutical | 2 | 2/150Sq.mts |  |
|  |  | Chemistry |  |  |  |  |  |
|  | - | Pharmacy Practice |  |  | 2 | 2/150Sq.mts |  |
|  |  | | |  |  |  |  |
| 3 | Preparation Room for each lab | | |  | 10 Sq.mts. | 8/80Sq.mts |  |
|  | (One room can be shared by two labs, if it is | | | | (Minimum) |  |  |
|  | in between two labs) | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* Yearwise requirement will be considered.

Signature of the Head of the Institution Signature of the Inspectors

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4 | Area of the Machine Room | | | |  | 80-100 Sq.mts | 100Sq.mts |  |  |
|  |  | | | |  |  |  |  |  |
| 5 | Central Instrument Room | | | |  | 80 Sq.mts with AC | 100 Sq.mts |  |  |
|  |  | | | |  |  |  |  |  |
| 6 | Store Room – I | | | |  | 1 (Area 100 Sq mts) |  |  |  |
| 7 | Store Room – II | | | |  | 1 (Area 20 Sq mts) |  |  |  |
|  | (For Inflammable chemicals) | | | |  |  |  |  |  |
|  |  | | | |  |  |  |  |  |
| 8 | Hospital with teaching facility – | | | |  | 300 bedded |  |  |  |
|  | (Please tick) | | | |  | hospital. Tertiary |  |  |  |
| a) | Own | |  |  |  | Care Hospital |  |  |  |
|  | √ |  | desirable |  |  |  |
|  |  |  |  |  |  | Medicine |  |  |  |
| b) | Teaching Hospital approved by |  |  |  |  | (Compulsory) |  |  |  |
|  |  | √ |  |  |  |  |
|  | MCI\* or University \* |  |  |  |  | (Any three of the |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  | below) |  |  |  |
| c) | Govt. Hospital \* | | | No |  | Surgery |  |  |  |
| d) |  |  |  |  |  | Pediatrics |  |  |  |
|  |  |  |  |  |  |  |  |
| Corporate type \* | | | No |  | Gynecology and |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Obstetrics |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Psychiatry |  |  |  |
|  | \* Attach a copy of MOU between institution | | | |  | Skin and VD |  |  |  |
|  | & Hospital. | | | |  | Orthopedics |  |  |  |
|  |  | | | |  |  |  |  |  |
| 9. | Deptt. of Pharmacy Practice/Clinical | | | |  | 3 Sq.mts. per |  |  |  |
|  | Pharmacy in Hospital | | | |  | student |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

* **The Institutions will not be permitted to run the above course in rented/leased building.** 
  1. All the Laboratories should be well lit & ventilated
  2. All Laboratories should be provided with basic amenities and services like exhaust fans and fuming chamber to reduce the pollution wherever necessary.
  3. All the laboratories should be provided with safety measures like fire safety, chemical exposure safety and bio safety.
  4. The workbenches should be smooth and easily cleanable preferably made of non-absorbent material.
  5. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
  6. Balance room should be attached to the concerned laboratories.

**4. Administration Area:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Name of infrastructure** | **Requirement** | **Requirement** | **Available** | | **Remarks of** |  |
|  |  | **as per Norms** | **as per** |  |  | **the** |  |
|  |  | **in number** | **Norms, in** | **No.** | **Area in** | **Inspectors** |  |
|  |  |  | **area** |  | **Sq .mts** |  |  |
| 1 | Principal’s Chamber | 01 | 30 Sq .mts | 01 | 30 |  |  |
|  |  |  |  |  |  |  |  |
| 2 | Office – I – Establishment |  |  | 1 | 60 |  |  |
|  |  | 01 | 60 Sq. mts |  |  |
| 3 | Office – II – Academics | 1 | 30 |  |  |
|  |  |  |  |  |  |
| 4 | Confidential Room |  |  | 1 | 20 |  |  |
|  |  |  |  |  |  |

Signature of the Head of the Institution Signature of the Inspectors

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1. **Staff Facilities:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** | **Name of** | **Requirement** | **Requirement** | **Available** | | **Remarks of the** |  |
| **No.** | **infrastructure** | **as per Norms** | **as per Norms** |  |  | **Inspectors** |  |
| **No.** | **Area in** |  |
|  |  | **in number** | **in area** |  |  |
|  |  |  | **Sq. mts** |  |  |
|  |  |  |  |  |  |  |
| 1 | HODs for Pharm. D. | Minimum 4 | 20 Sq mts x 4 | 4 | 80 |  |  |
|  | and Post |  |  |  |  |  |  |
|  | Baccalaureate |  |  |  |  |  |  |
|  | Programme |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 2 | Faculty Rooms for |  | 10 Sq mts x n | 22 | 220 |  |  |
|  | Pharm. D. and |  | (n=No of |  |  |  |  |
|  | Pharm.D. Post |  | teachers) |  |  |  |  |
|  | Baccalaureate |  |  |  |  |  |  |
|  | Programme |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. **Museum, Library, Animal House [should have approval of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA)] and other Facilities:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sl** | **Name of** |  | **Requirement** | |  | **Requirement as** | |  | **Available** | | | **Remarks of** | |  |
|  | **No.** | **infrastructure** |  | **as per Norms** | |  | **per Norms in area** | |  |  |  |  | **the** | |  |
|  |  |  |  | **in number** | |  |  |  |  | **No.** |  | **Area in** | **Inspectors** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **Sq. mts** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1 | Animal House |  |  | 01 |  |  | 80 Sq. mts |  | 1 |  | 80 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2 | Library |  |  | 01 |  |  | 150 Sq. mts |  | 1 |  | 150 |  |  |  |
|  | 3 | Museum |  |  | 01 |  |  | 50 Sq. mts |  | 1 |  | 50 |  |  |  |
|  |  |  |  |  |  | (May be attached to the | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Pharmacognosy lab) | |  |  |  |  |  |  |  |
|  | 4 | Auditorium / Multi |  |  | 01 |  |  | 250 – 300 |  | 1 |  | 327 |  |  |  |
|  |  | Purpose Hall |  |  |  |  | seating capacity | |  |  |  |  |  |  |  |
|  |  | (Desirable) |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5 | Herbal Garden |  |  | 01 |  | Adequate Number | |  | 1 |  | 20 |  |  |  |
|  |  | (Desirable) |  |  |  |  | of Medicinal Plants | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7. Student Facilities:** | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  | | |  | |  | |  |  |  |  |
|  | **Sl.** | **Name of infrastructure** | | | **Requireme** | | | **Requirement as** | | **Available** | | | **Remarks of** |  |  |
|  | **No.** |  |  |  | **nt as per** | |  | **per Norms in** | |  |  |  | **the** |  |  |
|  |  |  |  | **No.** |  | **Area in** |  |
|  |  |  |  |  | **Norms in** | |  | **area** | |  | **Inspectors** |  |  |
|  |  |  |  |  |  |  |  | **Sq. mts** |  |  |
|  |  |  |  |  | **number** | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1 | Girl’s Common Room | |  | 01 |  |  | 60 Sq. mts | | 1 |  | 60 |  |  |  |
|  |  | (Essential) | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
|  | 2 | Boy’s Common Room | |  | 01 |  |  | 60 Sq. mts | | 1 |  | 30 |  |  |  |
|  |  | (Essential) | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
|  | 3 | Toilet Blocks for Boys | |  | 01 |  |  | 24 Sq. mts | | 3 |  | 69 |  |  |  |
|  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
|  | 4 | Toilet Blocks for Girls | |  | 01 |  |  | 24 Sq. mts | | 3 |  | 69 |  |  |  |
|  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |
|  | 5 | Drinking Water facility – | | | 01 |  |  | - |  | 4 |  | 0 |  |  |  |
|  |  | Water cooler (Essential). | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |
|  | 6 | Boy’s Hostel (Desirable) | | | 01 |  |  | 9 Sq. mts/ Room | | 0 |  | 0 |  |  |  |
|  |  |  |  |  |  |  |  | Single occupancy | |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |
|  | 7 | Girl’s Hostel (Desirable) | | | 01 |  |  | 9 Sq. mts / Roo m | | 0 |  | 0 |  |  |  |
|  |  |  |  |  |  |  |  | (single occupancy) | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | 20 Sq mts / Room | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | (triple occupancy) | |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |
|  | 8 | Power Backup Provision | | | 01 |  |  |  |  | 1 |  | 10 |  |  |  |
|  |  | (Essential) | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  | |  |  | |  | |  |  |  |  |
|  | Signature of the Head of the Institution | | | | | |  | Signature of the Inspectors | | | | | | |  |

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**8. Computer and other Facilities:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** |  | **Required** | |  |  |  | **Available** | |  | **Remarks of the** | | |
|  |  |  |  |  |  |  | **No.** | | **Area in** |  |  | **Inspectors** | |
|  |  |  |  |  |  |  |  |  | **Sq. mts** |  |  |  |  |
|  | Computer Room |  | 100 Sq.mts. | |  |  |  | 1 | 150 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Computer |  | 1 system for every 10 students | | |  |  | 5 | 0 |  |  |  |  |
|  | (Latest configuration) |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Printers |  | 1 printer for every 10 | | |  |  | 3 | 0 |  |  |  |  |
|  |  |  | computers | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Multi Media Projector |  |  | 01 |  |  |  | 1 | 30 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Generator (5KVA) |  |  | 01 |  |  |  | 1 | 10 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9. Amenities (Desirable)** | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  | | |  |  |  |
|  | **Name** | **Requirement as** | | **Available** | | |  | **Not Available** | | |  | **Remarks of** |  |
|  |  | **per Norms in area** | | **No.** | **Area in** | |  |  |  |  |  | **the** |  |
|  |  |  |  |  | **Sq. mts** | |  |  |  |  |  | **Inspectors** |  |
| Principal’s quarter | | 120 Sq. mts | | 0 | 0 |  |  |  |  |  |  |  |  |
| Staff quarters | | 16 x 80 Sq mts | | 0 | 0 |  |  |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |  |  |  |  |
| Canteen | | 100 Sq. mts | | 1 | 250 |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Parking Area for staff and | |  |  | 1 | 90 |  |  |  |  |  |  |  |  |
| students | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank Extension Counter | |  |  | 0 | 0 |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Co operative Stores | |  |  | 0 | 0 |  |  |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |  |  |  |  |
| Guest House | | 80 Sq. mts | | 0 | 0 |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Auditorium | |  |  | 1 | 250 |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Seminar Hall | |  |  | 1 | 80 |  |  |  |  |  |  |  |  |
| Transport Facilities for | |  |  | 2 | 0 |  |  | College Buses | |  |  |  |  |
| students | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Medical Facility (First Aid) | |  |  | 1 | 30 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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.** | **Item** | **Titles** | **Minimum Volumes (No)** | **Available** | | **Remarks of** |
| **No.** |  | **(No)** |  |  |  | **the Inspectors** |
|  |  |  |  | **Title** | **No.** |  |
|  |  |  |  |  |  |  |
| 1 | Number of books | 150 | 1500 adequate coverage of a | 472 | 2655 |  |
|  |  |  | large number of standard text |  |  |  |
|  |  |  | books and titles in all disciplines |  |  |  |
|  |  |  | of pharmacy |  |  |  |
|  |  |  |  |  |  |  |
| 2 | Annual addition of |  | 150 books per year | 150 | 250 |  |
|  | books |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3 | Periodicals |  | 20 National | 20 | 26 |  |
|  | Hard copies / online |  | 10 International periodicals |  |  |  |
|  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4 | CDS |  | Adequate Nos | 5 | | 0 | |  |
|  |  |  |  |  | |  | |  |
| 5 | Internet Browsing |  | Yes/No | Yes | |  | |  |
|  | Facility |  | (Minimum ten Computers) |  | |  | |  |
|  |  |  |  |  | |  | |  |
| 6 | Reprographic |  |  |  | |  | |  |
|  | Facilities: |  |  |  | |  | |  |
|  | Photo Copier |  | 01 | Available | |  | |  |
|  | Fax |  | 01 | Available | |  | |  |
|  | Scanner |  | 01 | Available | |  | |  |
|  |  |  |  |  | |  | |  |
| 7 | Library Automation and Computerized System (desirable) Available | | | | | | | |
| 8 | Library Timings |  |  | | 7.30 Am to 4:00Pm | |  |  |
|  |  |  |  | |  | |  |  |

**10.B. Subject wise Classification of books available :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Subject** | **Available** | | **Remarks of the** |
|  |  | **Titles** | **Numbers** | **Inspectors** |
| 1 | Pharmacy Practice | 26 | 199 |  |
|  |  |  |  |  |
| 2 | Human Anatomy & Physiology | 29 | 464 |  |
|  |  |  |  |  |
| 3 | Pharmaceutics (Dispensing & General | 94 | 368 |  |
|  | Pharmacy) |  |  |  |
|  |  |  |  |  |
| 4 | Pharmacognosy | 36 | 237 |  |
|  |  |  |  |  |
| 5 | Pharmaceutical Organic Chemistry | 39 | 103 |  |
| 6 | Pharmaceutical Inorganic Chemistry | 15 | 165 |  |
|  |  |  |  |  |
| 7 | Pharmaceutical microbiology | 27 | 175 |  |
|  |  |  |  |  |
| 8 | Pathophysiology | 12 | 43 |  |
|  |  |  |  |  |
| 9 | Applied Biochemistry & Clinical Chemistry | 17 | 25 |  |
|  |  |  |  |  |
| 10 | Pharmacology | 36 | 78 |  |
|  |  |  |  |  |
| 11 | Pharmaceutical Jurisprudence | 6 | 67 |  |
|  |  |  |  |  |
| 12 | Pharmaceutical Dosage Forms | 20 | 33 |  |
| 13. | Community Pharmacy | 3 | 32 |  |
|  |  |  |  |  |
| 14. | Clinical Pharmacy | 5 | 30 |  |
|  |  |  |  |  |
| 15. | Hospital Pharmacy | 10 | 31 |  |
|  |  |  |  |  |
| 16. | Pharmacotherapeutics | 6 | 39 |  |
| 17. | Pharmaceutical analysis | 20 | 56 |  |
|  |  |  |  |  |
| 18. | Medicinal Chemistry | 11 | 173 |  |
|  |  |  |  |  |
| 19. | Biology | 12 | 46 |  |
|  |  |  |  |  |
| 20. | Computer Science or Computer Application in | 16 | 64 |  |
|  | pharmacy |  |  |  |
|  |  |  |  |  |
| 21 | Mathematics/Statistics | 16 | 200 |  |
|  |  |  |  |  |

**10.C. Library Staff:**

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

Signature of the Head of the Institution Signature of the Inspectors

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**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

**1. Student Staff Ratio:**

(Required ratio --- Theory → 30:1 and Practicals → 30:1) If more than 20 students in a batch 2 staff members to be present provided the lab is spacious.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Class** |  | **Theory** |  |  |  | **Practicals** | | | | | |  | **Remarks of the** | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Inspectors** | | | | |  |  |
| Pharm. D. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharm. D. Post |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baccalaureate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Programme |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2. Academic Calender** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  | |  |  | |  | | |  |  |  | | |  | |  |  |
| **Proposed date of Commencement of session** | | | **/ sessions** | | |  | **for** | | **Commencement** | | | | | **Completion** | | | | |  |  |
| **PHARM. D.:** | |  |  |  |  |  |  |  | **DD/MM/YY** | | | | | **DD/MM/YY** | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **No of Days** | | | | | | | |  | **No of Days** | | | | |  |  |
| **3. Vacation for PHARM. D. :** | |  | **Summer:** | | |  |  |  |  |  |  |  | **Winter:** | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4. Total No. of working days for PHARM. D.:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(Requirement not less than 200 working days/year)** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  | |  |  | | | | |  |  | | | |  | |  |  |
| **5. Date of Commencement of session for Pharm.D. Post** | | | | | |  | **Commencement** | | | | | | **Completion** | | | |  | |  |  |
| **Baccalaureate:** | |  |  |  |  |  |  | **DD/MM/YY** | | | | | **DD/MM/YY** | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **No of Days** | | | | | | | | |  | **No of Days** | | | | |  |  |
| **6. Vacation for Pharm.D. Post Baccalaureate :** | | | **Summer:** | | |  |  |  |  |  |  |  | **Winter:** | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |

1. **Total Number of working days for Pharm.D. Post Baccalaureate (Requirement not less than 200 working days/year)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8. Time Table copy Enclosed:** | **(Tick √)** | |  |  |  |
| **a.** Pharm. D. course |  | Yes |  | No |  |
|  |  |  |
| **b.** Pharm.D. Post Baccalaureate Course | | Yes |  | No |  |
|  |  |
|  |  |  |  |  |  |

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**10.Whether the prescribed numbers of classes per week are being conducted as per PCI norms.\* First year Pharm D:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | | **No of Theory Classes** | | **Practicals** | | **Tutorials** | | **Total No. of** | **Remarks** |
|  |  | **Prescribed** | **No of Hours** | **Prescribed** | **No of Hours** | **Prescribed** | **No of Hours** | **classes** | **of the** |
|  |  | **No of Hrs** | **Conducted** | **No of Hrs** | **Conducted** | **No of Hrs** | **Conducted** | **conducted** | **Inspectors** |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **No. of classes x** |  |
|  |  |  |  |  |  |  |  | **hours per class** |  |
|  | |  |  |  |  |  |  |  |  |
| Human Anatomy and | | 3 |  | 3 |  | 1 |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Pharmaceutics |  | 2 |  | 3 |  | 1 |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| Medicinal Biochemistry | | 3 |  | 3 |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Pharmaceutical | Organic | 3 |  | 3 |  | 1 |  |  |  |
| Chemistry |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Pharmaceutical | Inorganic | 2 |  | 3 |  | 1 |  |  |  |
| Chemistry |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| Remedial Mathematics/ | | 3 |  | 3\*\* |  | 1 |  |  |  |
| Biology |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Total hours** |  | **16** |  | **18** |  | **6 = (40)** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

* Write NA if not Applicable
* for Biology

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**Second Year Pharm D:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **No of Theory Classes** | | **Practicals** | | **Tutorials** | | **Total No. of** | **Remarks** |
|  | **Prescribed** | **No of Hours** | **Prescribed** | **No of Hours** | **Prescribed** | **No of Hours** | **classes** | **of the** |
|  | **No of Hrs** | **Conducted** | **No of Hrs** | **Conducted** | **No of Hrs** | **Conducted** | **conducted** | **Inspectors** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **No. of classes x** |  |
|  |  |  |  |  |  |  | **hours per class** |  |
|  |  |  |  |  |  |  |  |  |
| Pathophysiology | 3 |  | - |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Pharmaceutical Microbiology | 3 |  | 3 |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Pharmacognosy & | 3 |  | 3 |  | 1 |  |  |  |
| Phytopharmaceuticals |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Pharmacology-I | 3 |  | - |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Community Pharmacy | 2 |  | - |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Pharmacotherapeutics-I | 3 |  | 3 |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total Hours** | **17** |  | **9** |  | **6 = 32** |  |  |  |
|  |  |  |  |  |  |  |  |  |

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**Third year Pharm D:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **No of Theory Classes** | | **Practicals** | | **Tutorials** | | **Total No. of** | **Remarks** |
|  | **Prescribed** | **No of Hours** | **Prescribed** | **No of Hours** | **Prescribed** | **No of Hours** | **classes** | **of the** |
|  | **No of Hrs** | **Conducted** | **No of Hrs** | **Conducted** | **No of Hrs** | **Conducted** | **conducted** | **Inspectors** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **No. of classes x** |  |
|  |  |  |  |  |  |  | **hours per class** |  |
| Pharmacology-II | 3 |  | 3 |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Pharmaceutical Analysis | 3 |  | 3 |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Pharmacotherapeutics-II | 3 |  | 3 |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Pharmaceutical Jurisprudence | 2 |  | - |  | - |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Medicinal Chemistry | 3 |  | 3 |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Pharmaceutical Formulations | 2 |  | 3 |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total hours** | **16** |  | **15** |  | **5 = 36** |  |  |  |
|  |  |  |  |  |  |  |  |  |

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**Fourth year Pharm D:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | |  | **No of Theory Classes** | | **No. of Hours of** | | **Tutorials** | | **Total No. of** | **Remarks** |
|  |  |  |  |  | **Practical/Hospital** | |  |  | **classes** | **of the** |
|  |  |  |  |  | **Posting** | |  |  | **conducted** | **Inspectors** |
|  | **1** |  | **Prescribed** | **No of Hours** | **Prescribed** | **No of Hours** | **Prescribed** | **No of Hours** | **No. of classes x** |  |
|  |  |  | **No of Hrs** | **Conducted** | **No of Hrs** | **Conducted** | **No of Hrs** | **Conducted** | **hours per class** |  |
|  |  |  | **2** | **3** | **4** | **5** | **6** | **7** |  |  |
| Pharmacotherapeutics-III | | | 3 |  | 3 |  | 1 |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
| Hospital Pharmacy | |  | 2 |  | 3 |  | 1 |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
| Clinical Pharmacy | |  | 3 |  | 3 |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Biostatistics | & | Research | 2 |  | - |  | 1 |  |  |  |
| Methodology |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
| Biopharmaceutics | | & | 3 |  | 3 |  | 1 |  |  |  |
| Pharmacokinetics | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
| Clinical Toxicology | |  | 2 |  | - |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Total hours** |  |  | **15** |  | **12** |  | **6 = 33** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

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**Fifth year Pharm D:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** |  | **No of Theory Classes** | |  | **No. of Hours of** | | **Seminars** | | **Total No. of** | **Remarks** |
|  |  |  |  |  | **Hospital Posting \*** | |  |  | **classes** | **of the** |
|  | **Prescribed** | | **No of Hours** | **Prescribed** | | **No of Hours** | **Prescribed** | **No of Hours** | **conducted** | **Inspectors** |
| **1** |  | **No of Hrs** | **Conducted** | **No of Hrs** | | **Conducted** | **No of Hrs** | **Conducted** | **No. of classes x** |  |
|  | **2** | | **3** | **4** | | **5** | **6** | **7** | **hours per class** |  |
| Clinical Research | 3 | |  | - | |  | 1 |  |  |  |
|  |  | |  |  | |  |  |  |  |  |
| Pharmacoepidemiology and | 3 | |  | - | |  | 1 |  |  |  |
| Pharmacoeconomics |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |
| Clinical Pharmacokinetics & | 2 | |  | - |  |  | 1 |  |  |  |
| Pharmacotherapeutic Drug |  |  |  |  |  |  |  |  |  |  |
| Monitoring |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
| Clerkship \* | - |  |  | - | |  | 1 |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
| Project work (Six Months) | - |  |  | 20 | |  | ~~-~~ |  |  |  |
|  |  | |  |  | |  |  |  |  |  |
| **Total hours** | **8** | |  | **20** | |  | **4 = 32** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**\*** *Attending ward rounds on daily basis.*

**11. Work load of Faculty members for Pharm. D. and Pharm.D. Post Baccalaureate**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name of the Faculty** | **Subjects taught** | **Pharm. D.** | | **Pharm. D. Post Baccalaureate** | | **Total work load** | | **Remarks of the Inspector** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Th** | **Pr** | **Th** | **Pr** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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**12. Work load of Faculty members per week for Pharm.D.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.** | **Name of** | **Subjects** |  |  |  |  | **Pharm. D.** | | |  |  |  |  | **Pharm.D.** | **Total** | **Remark** |
| **No** | **the** | **taught** |  |  |  |  |  |  |  |  |  |  |  |  | **work** | **s of the** |
|  | **Faculty** |  |  |  |  |  |  |  |  |  |  |  |  |  | **load** | **Inspect** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **or** |
|  |  |  | **I** | | **II** | | **III** | |  | **IV** | | **V** | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Th** | **Pr** | **Th** | **Pr** | **Th** | **Pr** |  | **Th** | **Pr** | **Th** | **Pr** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**13.Workload of Faculty members per week for Pharm.D. and Pharm.D. (Post Baccalaureate)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.** | **Name of** | **Subjects** |  | **Pharm.D. and Pharm.D. (Post** | | | | | | | |  | **Total work** | **Remarks of the** |
| **No** | **the** | **taught** |  |  | **Baccalaureate)** | | | | |  |  |  | **load** | **Inspector** |
|  | **Faculty** |  |  | **I** |  |  | **II** | |  | **III** | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Th** | **Pr** |  | **Th** |  | **Pr** |  | **Th** |  | **Pr** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**14. 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 |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |
| **15. Whether Professional Society Activities are Conducted (Enclose details)** | | | | |  |  |  |
|  |  |  |  | **Yes** |  | **No** |  |

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**PART IV - PERSONNEL**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***TEACHING STAFF.*** | | | |  |  |  |  |  |  |
| **1. Details of Teaching Faculty available** | | | | **with the institution for teaching for D.Pharm., B.Pharm. and** | | | | | |
| **M.Pharm. Courses to be enclosed in the format mentioned below:** | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Sl** | **Name** | **Designation** | **Qualification** |  | **Date of** | **Teaching** | **State** | **Signature** | **Remarks of** |
| **No** |  |  |  |  | **Joining** | **Experience** | **Pharmacy** | **of the** | **the** |
|  |  |  |  |  |  |  | **Council** | **faculty** | **Inspectors** |
|  |  |  |  |  |  |  | **Reg No.** |  |  |
|  |  |  |  |  |  |  |  |  |  |

**2. Details of Teaching Faculty exclusively available teaching for Pharm. D. Course to be enclosed in the format mentioned below:**

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

**3. Details of Teaching Faculty available for teaching for Pharm. D. and Pharm.D. (Post Baccalaureate) Course to be enclosed in the format mentioned below:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** | **Name** | | **Designation** | | **Qualification** |  | **Date of** |  | **Teaching** | |  |  | **State** | | **Signature** | | **Remarks** |  |
| **No** |  |  |  |  |  |  | **Joining** | **Experience** | | |  |  | **Pharmacy** | | **of the** | | **of the** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Council Reg** | | **faculty** | | **Inspectors** |  |
|  |  |  |  |  |  |  |  | **After** | | **After** | |  |  |
|  |  |  |  |  |  |  |  |  | **No.** | |  |  |  |  |
|  |  |  |  |  |  |  |  | **UG** | | **PG** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4. Qualification and number of Staff Members** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Qualification** | | |  |  |  |  |  |  |  |  |  |
|  | **B. Pharm** | | |  | **M. Pharm** | | |  |  |  | **PhD** | | |  | **Others** | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Part Time** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**5. Staff Pattern for Pharm. D. or Pharm.D. and Pharm. D. (Post Baccalaureate) courses department wise for full duration of course/courses\*: :**

Professor: Asst. Professor: Lecturer

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Department/Division** | **Name of the** | **No.** | **Provided** | **Remarks of the** |  |
|  | **post** | **Required** | **by the** | **Inspectors** |  |
|  |  |  | **institution** |  |  |
| Department of Pharmaceutics | Professor | 1 |  |  |  |
|  |  |  |  |  |  |
|  | Asst. Professor | 1 |  |  |  |
|  |  |  |  |  |  |
|  | Lecturer | 2 |  |  |  |
|  |  |  |  |  |  |
| Department of Pharmaceutical | Professor | 1 |  |  |  |
| Chemistry |  |  |  |  |  |
| Asst. Professor | 1 |  |  |  |
| (Including Pharmaceutical Analysis) |  |  |  |  |  |
| Lecturer | 3 |  |  |  |
|  |  |  |  |  |  |
| Department of Pharmacology | Professor | 1 |  |  |  |
|  |  |  |  |  |  |
|  | Asst. Professor | 1 |  |  |  |
|  |  |  |  |  |  |
|  | Lecturer | 2 |  |  |  |
|  |  |  |  |  |  |
| Department of Pharmacognosy | Professor | 1 |  |  |  |
|  |  |  |  |  |  |
|  | Asst. Professor | 1 |  |  |  |
|  |  |  |  |  |  |
|  | Lecturer | 1 |  |  |  |
|  |  |  |  |  |  |
| Department of Pharmacy Practice | Professor | 1 |  |  |  |
|  |  |  |  |  |  |
|  | Asst. Professor | 2 |  |  |  |
|  |  |  |  |  |  |
|  | Lecturer | 3 |  |  |  |
|  |  |  |  |  |  |

\* Yearwise availability will be assessed.

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**6. Selection criteria and Recruitment Procedure for Faculty:**

|  |  |  |
| --- | --- | --- |
| a. | **Whether Recruitment Committee has been formed** | **Yes** |
|  |  |  |
| b. | **Whether Advertisement for vacancy is notified in the Newspapers** | **Yes** |
|  |  |  |
| c. | **Whether Demonstration Lecture has been conducted** | **Yes** |
|  |  |  |
| d. | **Whether opinion of Recruitment Committee Recorded** | **Yes** |
|  |  |  |

**7. Details of Faculty Retention for:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | **Name of Faculty Member** | | | |  |  | **Period** | |  |  |  | **Percentage** | | |  |
|  |  | | |  |  |  |  |  | **Duration of 15 yrs. And above** | | | | | | |  |  |  |  |
|  | Md Sayeed S.A Muneem | | |  |  |  |  |  | **Duration of 10 yrs. And above** | | | | | | |  |  |  |  |
|  | Dr M Sunitha, P Sandhya, Saleha Sultana, Ruheena Tabssum | | |  |  |  |  |  | **Duration of 5 yrs. And above** | | | | | | |  |  |  |  |
|  |  | | |  |  |  |  |  | **Less than 5 yrs.** | | |  |  |  |  |  |  |  |  |
|  | **8. Details of Faculty Turnover** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | **Name of Faculty** | | | | |  |  | **Period** |  |  | **More than** | | **50%** | |  | **25%** |  | **Less than** |  |
|  |  | **Member** | | | |  |  |  |  |  |  | **50%** |  |  |  |  |  | **25%** |  |
|  |  |  |  | | | **% of faculty retained in last 3 yrs** | | | | |  |  |  |  |  |  |  |  |  |
|  | **9. Number of Non-teaching** | | | | | | **staff available for Pharm. D. or Pharm.D. and Pharm.D (Post Baccalaureate** | | | | | | | | | | | |  |
|  | **course) for full duration of course/courses\*.** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | | | |  |  |  |  | |  | |  | |  |  | |  |
|  | **Sl.** |  | **Designation** | | | |  | **Required** |  | **Required** | | **Available** | | | |  | **Remarks of the** | |  |
|  | **No.** |  |  | | |  |  | **Number** |  | **Qualification** | | **Number** |  | **Qualification** | | |  | **Inspectors** |  |
|  | 1 |  | Laboratory | | | |  | 1 for each |  | D. Pharm | | 10 |  | Bsc, D.Pharm |  |  |  |  |  |
|  |  |  | Technician | | | |  | Dept |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | | | |  |  |  |  | |  |  |  |  |  |  |  |  |
|  | 2 |  | Laboratory | | | |  | 1 for each |  | SSLC | | 5 |  | SSC |  |  |  |  |  |
|  |  |  | Assistants or | | | |  | Lab |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Laboratory | | | |  | (minimum) |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Attenders | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | | | |  |  |  |  | |  |  |  |  |  |  |  |  |
|  | 3 |  | Office | | | |  | 1 |  | Degree | | 0 |  |  |  |  |  |  |  |
|  |  |  | Superintendent | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | | | |  |  |  |  | |  |  |  |  |  |  |  |  |
|  | 4 |  | Accountant | | | |  | 1 |  | Degree | | 1 |  | B.Com |  |  |  |  |  |
|  |  |  |  | | | |  |  |  |  | |  |  |  |  |  |  |  |  |
|  | 5 |  | Store keeper | | | |  | 1 |  | D.Pharm or a | | 0 |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | Bachelor | |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | degree | |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | recognized | |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | by a | |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | University or | |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | institution. | |  |  |  |  |  |  |  |  |
|  |  |  |  | | | |  |  |  |  | |  |  |  |  |  |  |  |  |
|  | 6 |  | Computer Data | | | |  | 1 |  | BCA or | | 1 |  | B.Com |  |  |  |  |  |
|  |  |  | Operator | | | |  |  |  | Graduate | |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | with | |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | Computer | |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  | Course | |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 7 | Office Staff I | 1 | Degree | 0 |  |  |
|  |  |  |  |  |  |  |
| 8 | Office Staff II | 2 | Degree | 1 | SSC |  |
|  |  |  |  |  |  |  |
| 9. | Peon | 2 | SSLC | 0 |  |  |
|  |  |  |  |  |  |  |
| 10 | Cleaning personnel | Adequate | --- | 5 | SSC |  |
|  |  |  |  |  |  |  |
| 11 | Gardener | Adequate | --- | 0 |  |  |
|  |  |  |  |  |  |  |

* Inspectors to verify whether the Non teaching staff requirements for D.Pharm., B.Pharm. and M.Pharm. courses conducted by the institution are complied with or not.

\* Yearwise availability will be assessed.

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**10.Scale of pay for Teaching faculty (to be enclosed):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.** | **Name** | **Qualification** | **Designation** | **Basic** | **DA** | **HRA** | **CCA** | **Other** |  |  |  |  | **Bank** | **PAN** | **EPF** | **Total** | **Signature** |
| **No** |  |  |  | **pay** | **Rs.** | **Rs.** | **Rs.** | **allowance** |  | **Deductions** | | | **A/C** | **No** | **A/c** |  |  |
|  |  |  |  | **Rs.** |  |  |  | **Rs.** |  |  |  |  | **No** |  | **no.** |  |  |
|  |  |  |  |  |  |  |  |  | P T |  | TDS | EPF |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **13.** | **Scope for the promotion for faculty: Promotions** | | | | |  | **Yes** | |  |  | **No** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |
| **14.** | **Gratuity Provided** | |  |  |  |  | **Yes** | |  |  | **No** |  |  |  |  |  |  |
| **15.** | **Details of Non-teaching** | | **staff members (list to be enclosed) :** | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | |  | |  |  | |  |  |
| **Sl** |  | **Name** |  | **Designation** | **Qualifi** | **Date of** |  | **Experience** | | | **Signature** | |  | **Remarks of the** | |  |  |
| **No** |  |  |  |  | **cation** | **Joining** |  |  |  |  |  |  |  | **Inspectors** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs.** | | | | | | | | | | | | | | | **Yes/ No** | |  |

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**PART V - DOCUMENTATION**

**Records Maintained: Essential**

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

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**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** |  | **Recurring** | **Non** | **Total** |  | **Recurring** | **Non** | **Total** |  | **Recurring** |  | **Non** |  |
|  | **budget** |  |  | **Recurring** | **budget** |  |  | **Returning** | **budget** |  |  | **Returning** | |  |
|  | **sanctioned** | |  |  | **sanctioned** | |  |  | **sanctioned** | |  |  |  |  |
|  | 4700000 |  | 4700000 | 0 | 4700000 |  | 4700000 | 0 | -- |  | -- | -- |  |  |

**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** |  | **Sanctioned** |  | **Incurred** | **Total budget** | | **Sanctioned** |  | **Incurred** |  | **Total** |  | **Sanctioned** |  | **Incurred** | |  |  |
|  |  | **budget** |  |  |  |  |  | **allocated** |  |  |  |  | **budget** |  |  |  |  |  |  |  |
|  |  | **allocated** |  |  |  |  |  |  |  |  |  |  | **allocated** |  |  |  |  |  |  |  |
|  |  | **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** |  | **Sanctioned** |  | **Incurred** |  | **Total** | **Sanctioned** |  | **Incurred** | | **Total** |  | **Sanctioned** | |  | **Incurred** | |  |
|  |  | **budget** |  |  |  |  |  | **budget** |  |  |  |  | **budget** |  |  |  |  |  |  |  |
|  |  | **allocated** |  |  |  |  |  | **allocated** |  |  |  |  | **allocated** |  |  |  |  |  |  |  |
|  |  | **Equipment** |  |  |  |  |  | **Equipment** |  |  |  |  | **Equipment** |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl No.** |  | **Expenditure in Rs.** | | | **Expenditure in Rs.** | | | **Expenditure in Rs** | |  | **Remarks of** |
|  |  |  |  |  |  |  |  |  |  |  | **the** |
|  |  |  |  |  |  |  |  |  |  |  | **Inspectors\*** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Total** |  | **Sanctioned** | **Incurred** | **Total** | **Sanctioned** | **Incurred** | **Total budget** | **Sanctioned** | **Incurred** |  |
|  | **budget** |  |  |  | **budget** |  |  | **allocated** |  |  |  |
|  | **allocated** |  |  |  | **allocated** |  |  |  |  |  |  |
| **1** | **Books** |  |  |  | **Books** |  |  | **Books** |  |  |  |
| **2** | **Journals** |  |  |  | **Journals** |  |  | **Journals** |  |  |  |

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

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**PART VII – EQUIPMENT AND APPARATUS**

**Department wise List of Minimum equipments required for Pharm.D. and Pharm.D. Post Baccalaureate**

1. **DEPARTMENT OF PHARMACOLOGY : I. Equipment:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** |  | **Minimum required** | **Available Nos.** | **Working** | **Remarks of the** |
|  |  |  | **Nos.** |  | **Yes / No** | **Inspectors** |
| 1 | Microscopes |  | 15 |  |  |  |
|  |  |  |  |  |  |  |
| 2 | Haemocytometer | with | 20 |  |  |  |
|  | Micropipettes |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3 | Sahli’s haemocytometer |  | 20 |  |  |  |
|  |  |  |  |  |  |  |
| 4 | Hutchinson’s spirometer |  | 01 |  |  |  |
|  |  |  |  |  |  |  |
| 5 | Spygmomanometer |  | 05 |  |  |  |
|  |  |  |  |  |  |  |
| 6 | Stethoscope |  | 05 |  |  |  |
|  |  |  |  |  |  |  |
| 7 | Permanent Slides for various |  | One pair of each tissue |  |  |  |
|  | tissues |  | Organs 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 | | One model for each |  |  |  |
|  | systems |  | organ system |  |  |  |
|  |  |  |  |  |  |  |
| 10 | Skeleton and bones |  | One set of skeleton and |  |  |  |
|  |  |  | one spare bone |  |  |  |
|  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11 | Different Contraceptive Devices | | | | One set of each device |  |  |  |
|  | and Models | |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |
| 12 | Muscle electrod es | | |  | 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 | | 10 |  |  |  |
|  | Machine or Polyrite | | |  |  |  |  |  |
|  |  | | |  |  |  |  |  |
| 20 | Sherrington Drum | | |  | 10 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 21 | Perspex | bath | assembly | (single | 10 |  |  |  |
|  | unit) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 22 | Aerators |  |  |  | 10 |  |  |  |
|  |  | | |  |  |  |  |  |
| 23 | Computer with LCD | | |  | 01 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 24 | Software |  | packages | for | 01 |  |  |  |
|  | experiment | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |
| 25 | Standard | graphs of | | various | Adequate number |  |  |  |
|  | drugs |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |
| 26 | Actophotometer | | |  | 01 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 27 | Rotarod |  |  |  | 01 |  |  |  |
|  |  | | |  |  |  |  |  |
| 28 | Pole climbing apparatus | | |  | 01 |  |  |  |
| 29 | Analgesiometer (Eddy’s hot | | | | 01 |  |  |  |
|  | plate and radiant heat methods) | | | |  |  |  |  |
|  |  | | |  |  |  |  |  |
| 30 | Convulsiometer | | |  | 01 |  |  |  |
|  |  | | |  |  |  |  |  |
| 31 | Plethysmograph | | |  | 01 |  |  |  |
|  |  | | |  |  |  |  |  |
| 32 | Digital pH meter | | |  | 01 |  |  |  |
|  |  |  |  |  |  |  |  |  |

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II. Apparatus:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No** |  | **Name** | **Minimum required** | **Available Nos.** | **Working** | **Remarks of the** |
|  |  |  | **Nos.** |  | **Yes / No** | **Inspectors** |
|  |  |  |  |  |  |  |
| 1 |  | Folin-Wu tubes | 60 |  |  |  |
| 2 |  | Dissection Tray and Boards | 10 |  |  |  |
|  |  |  |  |  |  |  |
| 3 |  | Haemostatic artery forceps | 10 |  |  |  |
|  |  |  |  |  |  |  |
| 4 |  | Hypodermic syringes and | 10 |  |  |  |
|  |  | needles of size 15,24,26G |  |  |  |  |
|  |  |  |  |  |  |  |
| 5 |  | Levers, cannulae | 20 |  |  |  |
|  |  |  |  |  |  |  |
| **NOTE:** | | **Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.** | | | | |

1. **DEPARTMENT OF PHARMACOGNOSY : I.** Equipment:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | | **Name** | |  | **Minimum required** | **Available Nos.** | **Working** | **Remarks of the** |
|  |  |  |  |  | **Nos.** |  | **Yes / No** | **Inspectors** |
| 1 |  | Microscope | with | stage | 15 |  |  |  |
|  |  | micrometer |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 2 |  | Digital Balance |  |  | 02 |  |  |  |
| 3 |  | Autoclave |  |  | 02 |  |  |  |
| 4 |  | Hot air oven |  |  | 02 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 5 |  | B.O.D.incubator |  |  | 01 |  |  |  |
| 6 |  | Refrigerator |  |  | 01 |  |  |  |
| 7 |  | Laminar air flow |  |  | 01 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 8 |  | Colony counter |  |  | 02 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 9 |  | Zone reader |  |  | 01 |  |  |  |
| 10 |  | Digital pH meter |  |  | 01 |  |  |  |
|  |  |  | |  |  |  |  |  |
| 11 |  | Sterility testing unit | |  | 01 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 12 |  | Camera Lucida |  |  | 15 |  |  |  |
|  |  |  | |  |  |  |  |  |
| 13 |  | Eye piece micrometer | |  | 15 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 14 |  | Incinerator |  |  | 01 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 15 |  | Moisture balance |  |  | 01 |  |  |  |
|  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16 | Heating mantle | 15 |  |  |  |
|  |  |  |  |  |  |
| 17 | Flourimeter | 01 |  |  |  |
|  |  |  |  |  |  |
| 18 | Vacuum pump | 02 |  |  |  |
|  |  |  |  |  |  |
| 19 | Micropipettes (Single and multi | 02 |  |  |  |
|  | channeled) |  |  |  |  |
|  |  |  |  |  |  |
| 20 | Micro Centrifuge | 01 |  |  |  |
|  |  |  |  |  |  |
| 21 | Projection Microscope | 01 |  |  |  |
|  |  |  |  |  |  |

**II.** Apparatus:

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

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

1. **DEPARTMENT OF PHARMACEUTICAL CHEMISTRY : I. Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required** | **Available Nos.** | **Working** | **Remarks of the** |
|  |  | **Nos.** |  | **Yes / No** | **Inspectors** |
| 1 | Hot plates | 05 |  |  |  |
|  |  |  |  |  |  |
| 2 | Oven | 03 |  |  |  |
|  |  |  |  |  |  |
| 3 | Refrigerator | 01 |  |  |  |
|  |  |  |  |  |  |
| 4 | Analytical Balances for | 05 |  |  |  |
|  | demonstration |  |  |  |  |
|  |  |  |  |  |  |

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

II. Apparatus:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required** | **Available Nos.** | **Working** | **Remarks of the** |
|  |  | **Nos.** |  | **Yes / No** | **Inspectors** |
| 1 | Distillation Unit | 02 |  |  |  |
|  |  |  |  |  |  |
| 2 | Reflux flask and condenser | 20 |  |  |  |
|  | single necked |  |  |  |  |
|  |  |  |  |  |  |
| 3 | Reflux flask and condenser | 20 |  |  |  |
|  | double/ triple necked |  |  |  |  |
|  |  |  |  |  |  |
| 4 | Burettes | 40 |  |  |  |
|  |  |  |  |  |  |
| 5 | Arsenic Limit Test Apparatus | 20 |  |  |  |
| 6 | Nesslers Cylinders | 40 |  |  |  |
|  |  |  |  |  |  |
| **NOTE:** | **Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.** | | | | |

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D.***DEPARTMENT OF PHARMACEUTICS :***

**I.** **Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Name** | **Minimum required** | **Available Nos.** | **Working** | **Remarks of the** |
|  |  | **Nos.** |  | **Yes / No** | **Inspectors** |
| 1 | Mechanical stirrers | 10 |  |  |  |
|  |  |  |  |  |  |
| 2 | Homogenizer | 05 |  |  |  |
| 3 | Digital balance | 05 |  |  |  |
| 4 | Microscopes | 05 |  |  |  |
|  |  |  |  |  |  |
| 5 | Stage and eye piece | 05 |  |  |  |
|  | micrometers |  |  |  |  |
|  |  |  |  |  |  |
| 6 | Brookfield’s viscometer | 01 |  |  |  |
| 7 | Tray dryer | 01 |  |  |  |
|  |  |  |  |  |  |
| 8 | Ball mill | 01 |  |  |  |
|  |  |  |  |  |  |
| 9 | Sieve shaker with sieve set | 01 |  |  |  |
|  |  |  |  |  |  |
| 10 | Double cone blender | 01 |  |  |  |
| 11 | Propeller type mechanical | 05 |  |  |  |
|  | agitator |  |  |  |  |
|  |  |  |  |  |  |
| 12 | Autoclave | 01 |  |  |  |
|  |  |  |  |  |  |
| 13 | Steam distillation still | 01 |  |  |  |
|  |  |  |  |  |  |
| 14 | Vacuum Pump | 01 |  |  |  |
|  |  |  |  |  |  |
| 15 | Standard sieves, sieve no. 8, | 10 sets |  |  |  |
|  | 10, 12,22,24, 44, 66, 80 |  |  |  |  |
|  |  |  |  |  |  |
| 16 | Tablet punching machine | 01 |  |  |  |
|  |  |  |  |  |  |
| 17 | Capsule filling machine | 01 |  |  |  |
|  |  |  |  |  |  |
| 18 | Ampoule washing machine | 01 |  |  |  |
|  |  |  |  |  |  |
| 19 | Ampoule filling and sealing | 01 |  |  |  |
|  | machine |  |  |  |  |
|  |  |  |  |  |  |
| 20 | Tablet disintegration test | 01 |  |  |  |
|  | apparatus IP |  |  |  |  |
|  |  |  |  |  |  |
| 21 | Tablet dissolution test | 01 |  |  |  |
|  | apparatus IP |  |  |  |  |
|  |  |  |  |  |  |
| 22 | Monsanto’s hardness tester | 01 |  |  |  |
|  |  |  |  |  |  |
| 23 | Pfizer type hardness tester | 01 |  |  |  |
|  |  |  |  |  |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 24 | Friability test apparatus | 01 |  |  |  |
|  |  |  |  |  |  |
| 25 | Clarity test apparatus | 01 |  |  |  |
|  |  |  |  |  |  |
| 26 | Ointment filling machine | 01 |  |  |  |
|  |  |  |  |  |  |
| 27 | Collapsible tube crimping | 01 |  |  |  |
|  | machine |  |  |  |  |
|  |  |  |  |  |  |
| 28 | Tablet coating pan | 01 |  |  |  |
|  |  |  |  |  |  |
| 29 | Magnetic stirrer, 500ml and 1 | 05 EACH |  |  |  |
|  | liter capacity with speed | 10 |  |  |  |
|  | control |  |  |  |  |
|  |  |  |  |  |  |
| 30 | Digital pH meter | 01 |  |  |  |
|  |  |  |  |  |  |
| 31 | All purpose equipment with all | 01 |  |  |  |
|  | accessories |  |  |  |  |
|  |  |  |  |  |  |
| 32 | Aseptic Cabinet | 01 |  |  |  |
|  |  |  |  |  |  |
| 33 | BOD Incubator | 02 |  |  |  |
|  |  |  |  |  |  |
| 34 | Bottle washing Machine | 01 |  |  |  |
|  |  |  |  |  |  |
| 35 | Bottle Sealing Machine | 01 |  |  |  |
|  |  |  |  |  |  |
| 36 | Bulk Density Apparatus | 02 |  |  |  |
|  |  |  |  |  |  |
| 37 | Conical Percolator | 10 |  |  |  |
|  | (glass/copper/ stainless steel) |  |  |  |  |
|  |  |  |  |  |  |
| 38 | Capsule Counter | 02 |  |  |  |
|  |  |  |  |  |  |
| 39 | Energy meter | 02 |  |  |  |
| 40 | Hot Plate | 02 |  |  |  |
|  |  |  |  |  |  |
| 41 | Humidity Control Oven | 01 |  |  |  |
|  |  |  |  |  |  |
| 42 | Liquid Filling Machine | 01 |  |  |  |
|  |  |  |  |  |  |
| 43 | Mechanical stirrer with speed | 02 |  |  |  |
|  | regulator |  |  |  |  |
|  |  |  |  |  |  |
| 44 | Precision Melting point | 01 |  |  |  |
|  | Apparatus |  |  |  |  |
|  |  |  |  |  |  |
| 45 | Distillation Unit | 01 |  |  |  |
|  |  |  |  |  |  |

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**II. Apparatus:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | ***Name*** | **Minimum required** | **Available Nos.** | **Working** | **Remarks of the** |
|  |  | **Nos.** |  | **Yes / No** | **Inspectors** |
| 1 | Ostwald’s viscometer | 15 |  |  |  |
| 2 | Stalagmometer | 15 |  |  |  |
|  |  |  |  |  |  |
| 3 | Desiccator\* | 05 |  |  |  |
|  |  |  |  |  |  |
| 4 | Suppository moulds | 20 |  |  |  |
| 5 | Buchner Funnels (Small, | 05 each |  |  |  |
|  | medium, large) |  |  |  |  |
|  |  |  |  |  |  |
| 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.**

E. ***DEPARTMENT OF PHARMACEUTICAL BIOTECHNOLOGY :***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** |  | **Name** | **Minimum required** | **Available Nos.** | **Working** | **Remarks of the** |
|  |  |  | **Nos.** |  | **Yes / No** | **Inspectors** |
| 1 | Orbital shaker incubator | | 01 |  |  |  |
|  |  | |  |  |  |  |
| 2 | Lyophilizer (Desirable) | | 01 |  |  |  |
|  |  | |  |  |  |  |
| 3 | Gel Electrophoresis | | 01 |  |  |  |
|  | (Vertical and Horizontal) | |  |  |  |  |
|  |  | |  |  |  |  |
| 4 | Phase contrast/Trinocular | | 01 |  |  |  |
|  | Microscope |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 5 | Refrigerated | Centrifuge | 01 |  |  |  |
|  |  | |  |  |  |  |
| 6 | Fermenters of different capacity | | 01 |  |  |  |
|  | (Desirable) |  |  |  |  |  |
|  |  | |  |  |  |  |
| 7 | Tissue culture station | | 01 |  |  |  |
|  |  | |  |  |  |  |
| 8 | Laminar airflow unit | | 01 |  |  |  |
| 9 | Diagnostic | kits to identify | 01 |  |  |  |
|  | infectious agents | |  |  |  |  |
|  |  |  |  |  |  |  |

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

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

F. ***DEPARTMENT OF PHARMACY PRACTICE :***

**Equipment:**

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

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

**NOTE:**

**1. Computers and Internet connection (Broadband), six computers for students with internet and staff computers as required. 2. Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

G.***CENTRAL INSTRUMENTATION ROOM :***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Minimum required** | **Available Nos.** | **Working** | **Remarks of the** |
|  |  | **Nos.** |  | **Yes / No** | **Inspectors** |
|  |  |  |  |  |  |
| 1 | Colorimeter | 01 |  |  |  |
|  |  |  |  |  |  |
| 2 | Digital pH meter | 01 |  |  |  |
|  |  |  |  |  |  |
| 3 | UV- Visible Spectrophotometer | 01 |  |  |  |
|  |  |  |  |  |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 | Flourimeter | 01 |  |  |  |
|  |  |  |  |  |  |
| 5 | Digital Balance (1mg | 01 |  |  |  |
|  | sensitivity) |  |  |  |  |
|  |  |  |  |  |  |
| 6 | Nephelo Turbidity meter | 01 |  |  |  |
|  |  |  |  |  |  |
| 7 | Flame Photometer | 01 |  |  |  |
|  |  |  |  |  |  |
| 8 | Potentiometer | 01 |  |  |  |
|  |  |  |  |  |  |
| 9 | Conductivity meter | 01 |  |  |  |
|  |  |  |  |  |  |
| 10 | Fourier Transform Infra Red | 01 |  |  |  |
|  | Spectrometer (Desirable) |  |  |  |  |
|  |  |  |  |  |  |
| 11 | HPLC | 01 |  |  |  |
|  |  |  |  |  |  |
| 12 | HPTLC (Desirable) | 01 |  |  |  |
|  |  |  |  |  |  |
| 13 | Atomic Absorption and | 01 |  |  |  |
|  | Emission spectrophotometer |  |  |  |  |
|  | (Desirable) |  |  |  |  |
|  |  |  |  |  |  |
| 14 | Biochemistry Analyzer | 01 |  |  |  |
|  | (Desirable) |  |  |  |  |
| 15 | Carbon, Hydrogen, Nitrogen | 01 |  |  |  |
|  | Analyzer (Desirable) |  |  |  |  |
|  |  |  |  |  |  |
| 16 | Deep Freezer (Desirable) | 01 |  |  |  |
|  |  |  |  |  |  |
| 17 | Ion- Exchanger | 01 |  |  |  |
|  |  |  |  |  |  |
| 18 | Lyophilizer (Desirable) | 01 |  |  |  |
|  |  |  |  |  |  |

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H. **Hospital Requirements for running Pharm D or Pharm.D. and Pharm.D. (Post Baccalaureate) courses : -**

**Hospital Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name/** |  | **Minimum required Nos.** | **Provided** | | | | **Remarks of the Inspectors** |  |
|  | **Infrastructure** |  |  |  |  |  |  |  |  |
| 1 | Hospital\* with | Nature of Hospital | |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | teaching facility | - | Own |  |  |  |  |  |  |
|  | Minimum 300 |  |  |  |  |  |  |
|  | - Teaching hospital recognised by MCI or University | | | |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | bedded Hospital | - Govt. Hospital not below the level of district Hospital | | |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | - | Corporate Hospital |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | | | | | |  |  |
| 2 | Place for | Minimum carpet area of 3 sq.mts. per student along with | | | | | |  |  |
|  | Pharmacy | consent to provide the professional manpower to support | | | | | |  |  |
|  | Practice | the programme. | |  |  |  |  |  |  |
|  | Department+ |  |  |  |  |  |  |  |  |
| 3 | Available | Medicine (Compulsory) | |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | specialties ++ | (Any three of the following) | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | Surgery |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Pediatrics |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Gynecology and Obstetrics |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Psychiatry |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Skin and VD |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | Orthopedics |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 4 | Location of the | **Within the same limits of Corporation** | | **or Municipality** | | | |  |  |
|  | Hospital | **or** | **Campus with Medical Faculty** | **involvement as** | | | |  |  |
|  | Give details. | **adjunct faculty** | |  |  |  |  |  |  |

\* Approval letter of the Hospital Authority to be annexed alongwith MOU.

+ Inspectors are required to personally verify the space provided at the hospital and meet the hospital administrators for interaction. ++ to be certified by the Dean/Director/Medical Supdt. of the hospital.

Signature of the Head of the Institution Signature of the Inspectors

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**Unit wise Medical Staff:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unit \_\_\_\_\_ | |  |  |  |  |  |  |  | Bed strength \_\_\_\_\_ | | | \_\_ |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |
| S. |  | Designation | Name with | Nature of | UG/PG QUALIFICATION | | |  | **Experience** | | |  |  |
| No. | |  | Date of Birth | employment |  |  |  | Date wise teaching/Professional experience with designation | | | | | |
|  |  |  |  | Full time/part |  |  |  | & Institution | |  |  |  |  |
|  |  |  |  | time/Hon. |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Subject | Institution | University | Designation | Institution |  | From | To | Period |
|  |  |  |  |  | with Year |  |  |  |  |  |  |  |  |
|  |  |  |  |  | of passing |  |  |  |  |  |  |  |  |
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**Other Ancillary staff available.**

Epidemiologist

Statistician

Physiotherapies

**Available Clinical Material:**

Average daily OPD.

Average daily IPD.

Average daily bed occupancy rate:

Average daily operations: Major Minor

Year-wise available clinical materials (during previous three years).

**Intensive Care facilities**

1. ICU

No. of beds



Equipment



Average bed occupancy



1. ICCU

No. of beds



Equipment



Average bed occupancy



1. NICU

No. of Beds



Equipment



Average bed occupancy



IV. PICU

No. of beds

Equipment

Average bed occupancy

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1. Dialysis

No. of beds



Equipment



Average bed occupancy



**Specialty clinics and services being provided by the department.**

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**Details for Pharm.D. student and faculty.**

A. Accommodation

|  |  |  |
| --- | --- | --- |
| Faculty |  | Area in Sq. mtr. |
|  | |  |
| Pharmacy Practice Area | |  |
|  |  |  |
| Dispensary |  |  |
|  | |  |
| Drug Information Centre | |  |
| Computer/Internet | facility |  |
|  |  |  |

1. Library – Departmental Library standard text and references Indexing and Abstracting services for DI services should be included as separate annexure.
2. Pharmacy Practice staff details at the hospital –

|  |  |  |
| --- | --- | --- |
| Name | Qualification | Signature of Faculty |
|  |  |  |
|  |  |  |

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**STANDARD INSPECTION FORM (Pharm.D.)**

**TEACHING PROGRAMME/INTERNSHIP PROGRAMME.**

1. Prescribed mode of admission to Scheduled Pharm.D. Course.
2. Academic Activities, please mention the frequency with which each activity is held.

Case presentation.

Journal

Club.



Seminar

Subject

Review



ADR meeting

Lectures (separately held for Pharm.D students)

|  |  |  |
| --- | --- | --- |
|  | Guest lectures |  |
|  | Video |  |
|  | film |  |
|  | Others. |  |
| 3. | Log book of Pharm.D. students: | Maintained/ Not maintained. |
| 4. | Whether Pharm.D. students participate in bedside counselling or not ? …………………….. | |

**Summary of Inspection report – (check list) to be completed by the Inspector.**

**Date of inspection:-**

**Name of Inspector:-**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | **Name of the** | Name and other particulars of Institution (Principal/Head) | |
|  | **institution** |  |  |
|  |  |  | Qualification detail. |
|  |  |  |  |
|  |  |  | Experience:Adequate/Inadequate |
|  |  |  |  |
|  |  |  | Age |
|  |  |  |  |

Signature of the Head of the Institution Signature of the Inspectors

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2 | **Name of the** |  | Name and other particulars of Institution (Principal/Head) | | |
|  | **institution** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  | Qualification detail. |
|  |  |  |  |  |  |
|  |  |  |  |  | Experience:Adequate/Inadequate |
|  |  |  |  |  |  |
|  |  |  |  |  | Age |
|  |  |  | |  |  |
| 3 | **Date of last inspection of the institution :** | | | | |
|  | **Number of admission at B.Pharm.** | | |  |  |
|  | **Staff position for B.Pharm.** | | | **Sufficient/Insufficient** | |
|  | **Other deficiency, if any** | |  | **Yes/No** | |

1. **Total Teachers in the Pharmacy Practice Department (with requisite qualifications & Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Designation | Number | Name | Total Experience |  |
|  |  |  |  |  |
| Professors |  |  |  |  |
| Asst. Professors |  |  |  |  |
|  |  |  |  |  |
| Lecturers |  |  |  |  |
|  |  |  |  |  |

* All teachers should be physically identified.
* Detailed proforma (with photograph affixed) in respect of every teacher must be obtained signed by the concerned teacher, HOD and Head of institution
* To ensure that staff is full time, paid and not working in any other institution simultaneously.

|  |  |  |
| --- | --- | --- |
| 5 | **Requisite important information of the Hospital** |  |
|  |  |  |
|  | Number of department in the Hospital |  |
|  | Teaching complement in each Dept. | Full/Partial |
|  |  |  |
|  | Total number of beds Dept. wise |  |
|  |  |  |
|  | Instruments and other expected facilities | Adequate/Inadequate |
|  | Bed side teaching | Yes/No |
|  | Laboratory Technician | Number and Names |
|  | Department Research Laboratory | Yes/No |
|  | Departmental Library – Book/Journals | Adequate/Inadequate |
|  |  |  |
|  | Central Library – Books/Journals pertaining to the |  |
|  | department |  |
|  |  |  |
| 6 | Space for Pharmacy Practice Department at the Hospital | Adequate/Inadequate |
|  | Indoor wards(Units/Department) & OPD space | Adequate/Inadequate |
|  |  |  |
|  | Offices for Faculty members | Adequate/Inadequate |
|  |  |  |
|  | Class Rooms and seminar rooms | Adequate/Inadequate |
|  |  |  |
|  | Dept. Library in the hospital supporting Drug Information |  |
|  | Services |  |
|  |  |  |
| 7 | Clinical Material | Adequate/Inadequate |
|  |  |  |
| 8 | No of publications from the department during 3 years |  |
|  |  |  |
| 9 | Examination conduct | As per norms of PCI/Not |
|  |  | as per norms of PCI |
|  |  |  |
|  | Standard of Examination | Satisfactory/Not |
|  |  | satisfactory |
|  |  |  |

Signature of the Head of the Institution Signature of the Inspectors

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | Year-wise number of Pharm.D | Year | No. of Pharm.D | No. of staff available |
|  | students admitted and available |  | students admitted |  |
|  | staff during the last 5 years |  |  |  |
|  |  |  |  |  |
|  | 2008 |  |  |  |
|  |  |  |  |  |
|  | 2009 |  |  |  |
|  | 2010 |  |  |  |
|  |  |  |  |  |
|  | 2011 |  |  |  |
|  |  |  |  |  |
|  | 2012 |  |  |  |
|  |  |  |  |  |
| 11 | Other relevant facilities in the Institution | |  |  |
|  |  |  |  |  |

1. **Specific remarks if any by the Inspector:** (No recommendations regarding permission/recognitionbe made) Give factual position only).

**Signature of the Inspector**

**\_\_\_** **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_**

Note : **Specific mention of required facilities as per PCI norms and commensurate with the** **degree under consideration must be made specifying whether these are Available/Not**

**available.**

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**Compliance of deficiencies reflected in last Inspection Report**

**Specific observations if not rectified**

**Observation of the Inspectors:**

|  |  |  |
| --- | --- | --- |
|  | **1.** |  |
| **Signature of Inspectors:** |  |  |
| **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

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**Name of the College :**

**Date of Inspection :**

**STAFF DECLARATION FORM – 2008 – 2009.**

1.(a) Name………………………………………………………………

1.(b) Date of Birth & Age …………………………………………………… Photograph

1.(c) Recent Passport size photo of the Employee Signed by Dean / Principal of the college.

1.(d) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted :Passport copy / Driving Licence / PAN Card / Voter ID/MCI Smart ID Card/State Pharmacy Council ID.**

Number ……………………… Issued by …………………………… Photograph

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation:

1.(e)(i)a Certified copies of present appointment order at present institute attached. 1.(e)ii. Department

1.(e) iii. College: 1.(e) iv. City:

1.(e) v. Nature of appointment: Permanent / Temporary / Adhoc / Honorary / Part-time 1.(e) vi. Whether belongs to : SC / ST / OBC / Ex-service / Others.

1.(f ) Residential Address of employee :

1.(g ) **Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof** **of residence.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.(h ) | Phone & Fax Number With Code: | Office: | | |  | | | |  | | | \_ | |  |  |
|  |  | Residence: | | | |  | | |  | | | | \_ |  |  |
|  |  | E-mail address: | | | | |  | |  | | | | | \_ | |
|  |  | Mobile Number : \_ | | | | | | |  |  |  |  |  |  |  |
| 1.(i ) | Date of joining present institution : \_ |  |  |  |  |  |  |  |  | as |  | | | |  |

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1.(i)a Joining report at the present institute attached.

2. Qualifications :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qualification | College & Univ. | Year | Registration | Name | ofthe | State |
|  |  |  | No. with SPC | Pharmacy Council | |  |
|  |  |  |  |  |  |  |
| B.Pharm |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| M.Pharm |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Ph.D. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

2.(a ) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b ) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Designation | | | Department | Name of Institution | | | From | | To |  |  | Total |
|  |  |  |  |  |  |  | DD/MM/YY | | DD/MM/YY |  |  | Experience |
|  |  |  |  |  |  |  |  |  |  |  |  | in years & |
|  |  |  |  |  |  |  |  |  |  |  |  | months |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lecturer |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assistant |  |  |  |  |  |  |  |  |  |  |  |  |
| Professor | | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| Associate Professor | | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| Professor | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 .(a ) | Before joining present institution I was working at | | | | |  |  |  |  |  |  | as |
|  |  |  |  |  | and relieved on | | |  |  | after | | |
|  |  | resigning / retiring **(Relieving order is enclosed from the previous institution)**. | | | | | | | |  |  |  |
| 4 .(b ) | I am not working anywhere else in the State or outside the State in any capacity full-time / part- | | | | | | | | | | | |
|  |  | time. |  |  |  |  |  |  |  |  |  |  |

Signature of the Head of the Institution Signature of the Inspectors

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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | Number of Research publications in Journals during the last 3 (Three) academic years : | | | | | | | |
|  | 5 | .(a ) | International Journals: | | | | | |
|  | 5 | .(b ) | National Journals: | | |  |  | |
|  |  |  |  |  |  | | |  |
|  | 5 | .(c ) | State/Other Journals: | | | | | |
|  |  |  |  |  |  |  |  |  |

1. Number of Research Projects on hand:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7 | .(a ) | I am having PAN Card and my PAN No. is | | / I am not having PAN |
| Card. | |  |  |  |
| 7 | .(b ) | I have drawn total emoluments from this college as under:- | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Amount Received** | | **TDS** | |
| **July,** | **2008** |  |  |  |  |
| **August, 2008** | |  |  |  |  |
| **September, 2008** | |  |  |  |  |
| **October, 2008** | |  |  |  |  |
| **November, 2008** | |  |  |  |  |
| **December, 2008** | |  |  |  |  |
| **January, 2009** | |  |  |  |  |
| **February, 2009** | |  |  |  |  |
| **March, 2009** | |  |  |  |  |
| **April, 2009** | |  |  |  |  |
| **May,** | **2009** |  |  |  |  |
| **June,** | **2009** |  |  |  |  |
| 7 .(c ) (Copy of my PAN & Form 16 (TDS certificate) for financial year | | |  |  | are attached) |

Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from October 2007 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted alongwith the declaration form, by the undersigned are absolutely true, correct and authentic. 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 Pharmacy Register).

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.

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**I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Date: | | Place: | Countersigned by the | | |
|  |  |  |  |  | Director/Dean/Principal | | |
| Remarks | |  |  |  |  |  |  |
|  | **S.No** |  | **Documents** |  |  | **Submitted** | |
|  | 1.(c) |  | Recent Passport size photo of the Employee, Signed by Dean / | | | **Yes / No** | |
|  |  |  | Principal of the college. | |  |  |  |
|  | 1.(d) |  | **Photo ID proof issued by Govt. Authorities : Passport** | | **/** | **Yes / No** | |
|  |  |  | **Driving Licence / PAN Card / Voter ID/PCI Smart ID** | |  |  |  |
|  |  |  | **Card/State Pharmacy Council ID** | |  |  |  |
|  | 1.(e)(i)a |  | Certified copies of present appointment order at present institute. | | | **Yes/No** | |
|  |  |  |  | | |  |  |
|  | 1.(g) |  | **Copy of Passport /Voter Card / Ration Card / Electricity Bill** | | | **Yes / No** | |
|  |  |  | **/ Driving License Attached as a proof of residence.** | |  |  |  |
|  | 1.(i)a |  | Joining report at the present institute. | |  | **Yes/No** | |
|  |  |  |  | | |  |  |
|  | 2. |  | **Copies of Degree certificates B.Pharm./M.Pharm./Ph.D.** | | | **Yes / No** | |
|  | 3. |  | **Copy of experience certificate for all teaching appointments** | | | **Yes / No** | |
|  |  |  | **held before joining present institute.** | |  |  |  |
|  | 4.(a) |  | **Relieving order from the previous institution**. | |  | **Yes / No** | |
|  | 7.(a) |  | **PAN Card** |  |  | **Yes / No** | |
|  | 7.(c) |  | **Form 16 (TDS certificate) for financial year 2006-2007** | | | **Yes / No** |  |

|  |  |
| --- | --- |
| **Signed by the Teacher :** | **Countersigned by Dean / Principal.** |
| **Date :** | **Date :** |
| **Signed by the Inspector :** | **Date :** |
|  | **NOTE :** |

1. **The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.**
2. **The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.**

Signature of the Head of the Institution Signature of the Inspectors

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