

PHARMACY COUNCIL OF INDIA

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

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

(SIF-A)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

NAME OF THE INSPECTORS:

FILE No. :

1.

(BLOCK LETTERS)

2.

PAR

T - I

A - GENERAL INFORMATION

A 1.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	School of Medical & Allied Sciences K.R. Mangalam University, Sohna Road, Gurgaon. Haryana Pin – 122 103 Phone: 0124-2867800 E-mail registrar@krmangalam.edu.in Website : www.krmangalam.edu.in
Year of starting of the course	Diploma : August 2017
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	K.R. Mangalam University established under Haryana Private University Act 2006 vide the Haryana Private Universities (Amendment) Act No. 8 of 2013 notified in the HARYANA GOVT. GAZ. (EXTRA), MAY 3, 2013 (VYSK.13, 1935 SAKA) (Already submitted)
A – I. 2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Sh. Yash Dev Gupta Director, Mangalam Edu Gate, 843, Ward No. 6, Main Bazar, Mehrauli, New Delhi – 110 030 Ph. 011-30133000, Fax: 011-30133001 E-mail:projects@krmangalam.org Website : www.krmangalam.edu.in
A – I. 3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office, Residence Mobile No., Fax No E-Mail	Mr. Abhay Sharma, Registrar K.R. Mangalam University Sohna Road, Gurgaon. Haryana Pin – 122 103 Phone: 0124-2867800 registrar@krmangalam.edu.in
A – I. 4 Name and Address of the Head of the Institution	Prof. R. K. Mittal Vice Chancellor K.R. Mangalam University, Sohna Road, Gurgaon. Haryana Pin – 122 103
A – I. 4 a) Whether the Jan Aushadhi Medical Store has been opened by your institution	Yes / No ✓ (Please tick (✓) the relevant portion)

Signature of the Head of the Institution

Signature of the Inspectors

A -I. 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	2018-19 Vide DD. No 274946 for RS 50, 000 Dated 28/8/2017		

b. APPROVAL STATUS:

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm	2017-18	Approval Letter No and Date 17-1252/2016- PCI/42236-38 Dated 02/08/2017		Approval Letter received from Higher Education Department, Chandigarh vide Memo No. 20/17-2011 UNP(5) Dated Panchkula 25.5.2016	
		Approved Intake	60		
		Actually Admitted	60		

c. STATUS OF APPLICATION

Course	Extension of Approval	Increase in Intake of Seats	Remarks			
			Current Intake	Proposed increase in Intake		
D. Pharm	Yes ✓	No	Yes	No	60	

Note: Enclose relevant documents

A -I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same

Building/Campus? If yes, give status

Yes ✓

A - I. 6 a

Status of the Pharmacy Course:

Multi Institutional Campus ✓

Examining Authority : Controller of Examinations , K.R. Mangalam University

With complete postal Sohna Road, Gurgaon. Haryana

Address, Telephone No. Pin – 122 103, Phone: 0124-2867800, E-mail: coe@krmangalam.edu.in

and STD Code.

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

B –I .1 Name of the Principal		Prof. (Dr.) Arun Garg (Dean)			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	YES	15 years, out of which 5 years as Prof./HOD	32	
	PhD (Desirable)	YES	10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided (Annexure I)

B –I .2

For institution seeking continuation of approval

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
D. Pharm	02/03/2017	Attached	Complied	Nil

* Enclose Documents(Annexure II)

B –I .3 Pay

Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	UGC Yes	Yes	Yes	No	
Non-Teaching Staff	As per the State Government Yes	Yes	Yes	No	

B –I .4

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

ACADEMIC YEAR	2015-16	2016-17	2017-18
Sanctioned	Nil	Nil	60
No. of Admissions	Nil	Nil	60
Unfilled Seats	Nil	Nil	Nil
No. of Excess Admissions	Nil	Nil	Nil

B –I .5

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

ACADEMIC YEAR	Year 2015-16	Year 2016-17	Year 2017-18
D. Pharm	N/A	NA	N/A

Signature of the Head of the Institution

Signature of the Inspectors

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

Whether college has NSS Unit (Yes/No)? If no give reasons	YES
NSS Programme Officer's Name	Mr. Deepak Kumar
Programme conducted (mention details)	Blood Donation Camp (in association with Red Cross society), Health Awareness Camp, Eye Camp, Sanitation & awareness about diseases. Adoption of villages.
Whether students participating in University level cultural activities / Co- curricular/sports activities	YES
Physical Instructor	Mr. Jagjeet Singh
Sports Ground	Yes

Signature of the Head of the Institution**Signature of the Inspectors**

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C .1 Resources and funding agencies (give complete list)

C .2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others		CAPITAL EXPENDITURE			
2.	Tuition Fee	2,52,60,000	1.	Building		
3.	Library Fee		2.	Equipment	23,83,744	
4.	Sports Fee		3.	Others	30,01,387	
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others		1	Salary	58,49,903	
	Miscellaneous Fee	55,388	2.	MAINTENANCE EXPENDITURE		
				i	College	39,60,489
				ii	Others	7,67,792
	Deficit	82,96,751	3.	University Fee (If any)		
			4.	Apex Bodies Fee	1,00,000	
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others	1,75,48,824	
			8.	Misc.Expenditure		
			Total		3,36,12,139	
	Total	3,36,12,139				

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Building : **OWN**
- b. Land : **OWN**
- Sale / Agreement deed (records to be enclosed) : **Enclosed**
- c. Building : **Own**
 Land Details to be in name of Trust and Society **Land in the name of Sponsoring Body**
 Records to be enclosed **Mangalam Edu Gate**
- If Own (Approved Building plan & sale deed to be enclosed) : **Already submitted**
- Approved Building plan, to be enclosed : **Already submitted**
- Total Built Area of the college building in Sq.mts :
 Built up Area : **8,743 sq.m.**
 Amenities and Circulation Area : **1,701 sq.m**

2. Class rooms:

Total Number of Class rooms provided

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts	75	

(* To accommodate 60 students)

3. Laboratory requirement

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)			
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy Total no. of Labs for D. Pharm Course *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 05 Laboratories 01 (10 sq.mts)	01 01 01 01 01	75 75 75 75 75	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 Sq.mts (minimum)	YES	YES	
4	Area of the Machine Room	100 Sq mts	YES	100sqm	
5	Aseptic Room	25 Sq mts	1	25sqm	
6	Store Room – I	1 (Area 20 Sq mts)	1	20sqm	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	1	20sqm	

* Not required if computer simulated software are available

Signature of the Head of the Institution

Signature of the Inspectors

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

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fume chamber to reduce the pollution wherever necessary.
3. The workbenches should be smooth and easily cleanable preferably made of non -absorbent material.
4. The water taps should be non-leaking and directly installed on sinks Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

4. Administration Area:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	20 Sq mts	01	48	
2	Office – I Including Confidential Room	01	40 Sq mts	01	170 and 23 confidential room	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	30	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	1526 sq.mtrs. + Dept. Lib (75 sq.m.)	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	66	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	00		
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants		YES With Adequate Number Of Medicinal Plants	

Signature of the Head of the Institution

Signature of the Inspectors

5. Student Facilities:

Sl. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	40 Sq mts	01	50	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	50	
3	Toilet Blocks for Boys	01	25 Sq mts	01	50	
4	Toilet Blocks for Girls	01	25 Sq mts	01	50	
5	Canteen (Desirable)	01	100 Sq mts	01	100	
6	Drinking Water facility Water Cooler (Essential)	01		01		
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	YES	43 Rooms (Quadrant sharing)	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	YES	42 Rooms (Quadrant sharing)	
9	Power Backup Provision (Desirable)	01		YES		

6. Computer and other Facilities:

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	YES	30 Nos. (i3@3.4GHz, 4GBRAM, 500 GB HDD)	75 sq.m.	
Printers	1 printer for every 10 computers	YES	4		
Xerox Machine	01	YES	1		
Multi Media Projector	02	YES	2		

Signature of the Head of the Institution

Signature of the Inspectors

7. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	NO			
Staff quarters	6 x 80 Sq. mts				
Parking Area for staff and students		YES	Available for 100 cars within campus		
Bank Extension Counter	-	-	-	-	
Co operative Stores	-	-	-	-	
Guest House	80 Sq. mts	YES	Outsourced		
Transport Facilities for students		YES	15 Buses		
Medical Facility (First Aid)		YES	100 sq. mts		

Signature of the Head of the Institution

Signature of the Inspectors

8. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	Titles – 282 Volumes – 2333		
2	Annual addition of books		75 books per year	150 Books		
3	Periodicals Hard copies / online		06 National Journals Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.	YES	10 National 05 International periodicals Online Delnet Database For 88 Pharmacy National And International Journals + 5 National Journals	
4	Library Timings	9.00 am to 6.00 pm				

8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutical Chemistry	51	414	
2	Pharmacology	53	315	
3	Pharmacognosy	26	201	
4	Pharmaceutics	57	527	
5	Pharm Biotech	8	86	
6	Forensic pharmacy	5	88	
7	Pharm Analysis	19	148	
8	Pharmacy Practice	11	74	

Signature of the Head of the Institution

Signature of the Inspectors

8.C. Library Staff:

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

Note: The information provided will be assessed in giving the period of approval

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

Theory

Practicals

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

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

2. Date of Commencement of session:

Commencement	Completion
19/08/2017	31/05/2018

No of Days:

3. Vacation:

Summer:

Winter:

4. Total Number of working days:

5. Time Table:

Time Table for I (Enclosed) and II D. Pharm **Not Applicable**

Yes



No



6. Whether the prescribed numbers of classes are being conducted as per PCI norms NA- New Course ; Classes to be conducted

Class / Subject	Theory		Practicals				Remarks of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No. of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes conducted	
I D. Pharm							
Pharmaceutics – I	75		100		25		
Pharmaceutical Chemistry – I	75		75		25		
Pharmacognosy	75		75		25		
Biochemistry and Clinical Pathology	50		75		25		
Human Anatomy and Physiology	75		50		25		
Health Education and Community Pharmacy	50		----		----		
II D. Pharm NOT Applicable							
Pharmaceutics – II	75		100		25		
Pharmaceutical Chemistry – II	100		75		25		
Pharmacology and Toxicology	75		50		25		
Pharmaceutical Jurisprudence	50		----		----		
Drug Store and Business Management	75		----		----		
Hospital and Clinical Pharmacy	75		50		25		

Signature of the Head of the Institution

Signature of the Inspectors

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

Yes No

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

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I D. Pharm	NA								
II D. Pharm									

9. Workload of Faculty members for D. Pharm

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			I D. Ph		II D. Ph NA			
			Th	Pr	Th	Pr		
1	Surender Kumar Sharma	Pharmaceutics-I, Health Education & Community Pharmacy and Pharmaceutics –I Lab	5	9	NA	NA	14	
2	Rahul Yadav	Human Anatomy & Physiology, Human Anatomy & Physiology Lab, Biochemistry & Clinical Pathology Practical lab (only 2 batches)	3	12	NA	NA	15	
3	Harshita	Pharmaceutical Chemistry-I, Biochemistry & Clinical Pathology, Pharmaceutical Chemistry-I Practical	5	9	NA	NA	14	
4	Abul Barkat	Pharmacognosy, Pharmacognosy Practical and Biochemistry & Clinical Pathology Practical (one batch)	3	12	NA	NA	15	

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

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

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience		State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After UG	After PG			
1	Surender Kumar Sharma	Assistant Prof	B.Pharm	16/8/2017	Nil	Nil	72293		
2	Rahul Yadav	Assistant Prof	B.Pharm	16/8/2017	Nil	Nil	Applied		
3	Harshita	Assistant Prof	M.Pharm	16/8/2017	Nil	Nil	DPC21946		
4	Abul Barkat	Assistant Prof	M.Pharm	24/1/2017	Nil	6 years	DPC19766		

2. Qualification and number of Staff Members

Number of staff members required: 04

Qualification			
B. Pharm	M. Pharm	PhD	Others - Full Time
2	2		

3. Details of Faculty Retention for: NA (Diploma Started from 2017-18)

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

4. Details of Faculty Turnover: NA (Diploma Started from 2017-18)

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

Signature of the Head of the Institution

Signature of the Inspectors

4. No. of Non-teaching staff available for D. Pharm course for intake of 60 Students:

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	02	D. Pharm	02	D.Pharm	
2	Laboratory Assistants/ Attenders	04	SSLC	4	10+2	
3	Office Superintendent	01	Degree	1	MBA (HR&PR)	
4	Accountant cum Clark	01	Degree	1	B.A.	
5	Store keeper	01	D. Pharm	1	Graduate	
6	Computer Data Operator	01	10+2 with computer training	1	BCA	
7	Peon	02	SSLC	02	Outsourced	
8	Cleaning personnel	04	---	Adequate	Outsourced	
9.	Gardener	01	---	Adequate	Outsourced	

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

Sl. No	Name	Qualification	Designation	Consolidated Salary INR (PER MONTH)	Other allowance Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature
						PT	TDS	EPF					
1	Surender Kumar Sharma	B.Pharm	Assistant Prof	18,000	Nil	PT	TDS	EPF	15601010036926		Nil	18,000	
2	Rahul Yadav	B.Pharm	Assistant Prof	18,000	Nil	Nil	Nil	Nil	125001		Nil	18,000	
3	Harshita	M.Pharm	Assistant Prof	25,000	Nil	Nil	Nil	Nil	SB000983189463	ARYPH1372D	Nil	25,000	
4	Abul Barkat	M.Pharm	Assistant Prof	40,000	Nil	Nil	Nil	Nil	601810110001345	AWQPB5290D	Nil	40,000	

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

10. Scope for the promotion for faculty: Promotions

Yes

No

11. Gratuity Provided

Yes

No

Signature of the Head of the Institution

Signature of the Inspectors

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

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

13. Whether Supporting Staff (Technical and Administrative) are encouraged for Skill Upgradation Programs

Yes

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: (Essential)

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

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

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

SI No.	Expenditure in Rs. 2014-15			Expenditure in Rs.2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
	6000000	3674856	1769451	8000000	5477811	1536383	9000000	5645562	2651059	

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

SI No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	300000	250000	Chemicals	200000	185000	Chemicals	200000	185000	
	Glassware	400000	344517	Glassware	100000	95000	Glassware	100000	95000	

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

SI No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	1500000	1174934	Equipment	1500000	1256383	Equipment	2500000	2251059	

Signature of the Head of the Institution

Signature of the Inspectors

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

SI No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	400000	350000	Books	200000	150000	Books	200000	150000	
2	Journals	50000	50000	Journals	50000	50000	Journals	50000	50000	

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

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS
Department wise List of Minimum equipments required for D. Pharm

PHARM ACEUTICS

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	05	YES	
2	Conical Percolator	05	05		
3	Tincture Press	01	01		
4	Hand Grinding Mill	01	01		
5	Disintegrator	01	01		
6	Ball mill	01	01		
7	Hand operated Tablet machine	01	01		
8	Tablet Coating Pan unit with hot air blower laboratory size	01	01		
9	Polishing pan laboratory size	01	01	YES	
10	Monsanto's hardness tester	01	01		
11	Pfizer type hardness tester	01	01		
12	Tablet disintegration test apparatus IP	01	01		
13	Tablet dissolution test apparatus IP	01	01		
14	Granulating sieve set	10	10		
15	Tablet counter – small size	05	05		
16	Friability tester	01	01		
17	Collapsible tube – Filling and sealing equipment	01	01		
18	Capsule filling machine – Lab size	01	01		
19	Digital balance	01	01		
20	Distillation unit for distilled water	02	02	YES	
21	Deionisation unit	01	01		
22	Glass distillation unit for water for injection	01	01		
23	Ampoule washing machine	01	01		
24	Ampoule filling and sealing machine	01	01		
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	Adequate		
26	Millipore filter (3 grades)	Adequate	Adequate		

Signature of the Head of the Institution

Signature of the Inspectors

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

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

PHARMACEUTICAL CHEMISTRY

Equipment:

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

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

Signature of the Head of the Institution

Signature of the Inspectors

PHYSIOLOGY & PHARMACOLOGY LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Haemoglobinometer	20	20		
2	Haemocytometer	10	10		
3	Student's organ bath	1	1		
4	Sherington's rotating drum	1	1		
5	Frog board	Adequate	Adequate		
6	Tray (dissecting)	Adequate	Adequate		
7	Frontal writing lever	Adequate	Adequate		
8	Aeration tube	Adequate	Adequate		YES
9	Telethermometer	1	1		
10	Pole climbing apparatus	1	1		
11	Histamine chamber	1	1		
12	Simple lever	Adequate	Adequate		
13	Staring heart lever	Adequate	Adequate		
14	Aerator	Adequate	Adequate		
15	Histological Slides	Adequate	Adequate		
16	Sphygmomanometer (B.P. apparatus)	5	5		
17	Stethoscope	5	5	YES	
18	First aid equipment	Adequate	Adequate		
19	Contraceptive device	Adequate	Adequate		
20	Dissecting (surgical) instruments	Adequate	Adequate		
21	Balance for weighing small Animals	1	1		
22	Kymograph paper	Adequate	Adequate		
23	Actophotometer	1	1		
24	Analgesiometer	1	1		
25	Thermometer	Adequate	Adequate		
26	Plastic animal cage	Adequate	Adequate	YES	
27	Double unit organ bath with thermostat	1	1		
28	Refrigerator	1	1		
29	Single pan balance	1	1		
30	Charts	Adequate	Adequate	YES	

Signature of the Head of the Institution

Signature of the Inspectors

31	Human skeleton	1	1	YES	
32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.,)	1 set	1 set		
33	Electro-convulsimeter	1	1		
34	Stop watch	Adequate	Adequate		
35	Clamp, boss heads, screw clips	Adequate	Adequate		
36	Syme's Cannula	Adequate	Adequate		

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

PHARMCOGNOSY LABORATORY

Equipment:

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

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

PHARMACY PRACTICE LABORATORY

Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

Museum: Every Institution shall maintain a museum of crude drugs, herbarium sheets, botanical specimens of the drugs, and plants, mentioned in the course in addition the following are recommended.

1. Colored slides of medicine plants.
2. Display of popular patent medicines, and
3. Containers of common usage in medicines.

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

Signature of Inspectors:

1.

2.

Note:

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

Signature of the Head of the Institution

Signature of the Inspectors

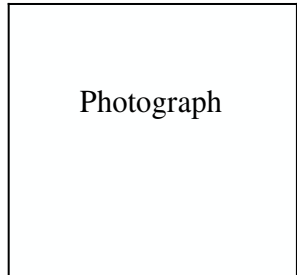
PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

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



Date of Birth & Age

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

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

Present Designation : _____

Department : _____

College : _____

City : _____

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

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

Contd. on page 2

Permanent Residential

Address of employee : _____

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

STD Code

Phone No.

Phone & Fax Number with Code Office : _____

Residence : _____

E-mail address : _____

Date of joining present institution : _____ as _____
 (Designation)

Details of the previous appointments/teaching experience

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

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

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

3) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

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

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

P.A.N. : _____ Circle : _____

Declaration

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

Signature of the Employee:

Date : _____ Place: _____

Endorsement

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

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

Date : _____ Place : _____

