

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm for 100 adms.

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

(SIF-B-1)

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 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	DIT University -Faculty of Pharmacy Mussoorie Diversion Road,Vill: Makkawala, P.O: Bhagwantpur.Dehradun. (Uttarakhand) 0135 3000300- 301 0135- 3000305 director.pharmacy@dituniversity.edu.in
Year of starting of the course	2005
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	University (Anx.1)
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Institute of Management Studies (Annexure-1A) 21-New Cantt Road, Hathibarkala, P.Box No.-21 Dehradun 0135 2743310, 2743311-12 2740416 ims@imsindia.org www.imsindia.org
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	Prof.(Dr.) N.V.Satheesh Madhav (Director) Mussoorie Diversion Road, Vill: Makkawala, P.O: Bhagwantpur.Dehradun. (Uttarakhand) 0135 3000378 -- 9760203573 01352735404 director.pharmacy@dituniversity.edu.in
A – I.4 Name and Address of the Head of the Institution	Prof.(Dr.) N.V.Satheesh Madhav (Director) Mussoorie Diversion Road, Vill: Makkawala, P.O: Bhagwantpur.Dehradun. (Uttarakhand)
A – I.4 a) Whether the Jan Aushadhi Medical Store has been opened by your institution	Applied ✓ 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

Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2018-2019	042285	22/08/2017	

a. APPROVAL STATUS:

(Anx.2)

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2019-2020	Approval Letter No 521/2014- and Date	32- PCI	No.622/XXIV(8)2005 5 th Sept2005	2015/XXIV(6)2013 17 th March 2013	
		Approved Intake	60	60	60	
		Actually Admitted	60	60	60	

b. STATUS OF APPLICATION

COURSES INSPECTED FOR						
Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
					Current Intake	Proposed increase in Intake
B. Pharm	√Yes	No	Yes	√No	60	100

Note: Enclose relevant documents

A –I. 6

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

Building / campus? If Yes, Give Details

Yes

☐

No

☒

A – I. 6 a

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

Signature of the Head of the Institution

Signature of the Inspectors

Examining Authority : The Registrar
With complete postal DIT University
Address, Mussoorie Diversion Road,
Vill: Makkawala
P.O: Bhagwantpur
Dehradun. (Uttarak hand)

Telephone No. and STD Code. : 0135- 3000351

B - DETAILS OF THE INSTITUTION

(Anx.3)

B –I .1					
Name of the Principal					
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm		15 years, out of which 5 years as Prof. / HOD	25 yrs.	
	PhD		10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

B –I .2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	25 th - 26 th feb 2017	NA	compiled	No

* Enclose Documents

B –I .3

(Anx.4)

Status of Governing Council:	Government/Trust/Society/Individual / √University
Details of the Governing Body	√Enclosed / Not Enclosed
Minutes of the last Governing council Meeting	√Enclosed / Not Enclosed

B –I .4

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt. √ Yes / No	√Yes / No	Yes /√ No	Yes / √No	
Non- Teaching Staff	State Government √ Yes / No	√Yes / No	Yes / √ No	Yes / √ No	

B –I .5

Signature of the Head of the Institution

Signature of the Inspectors

B. Pharm Course: Admission Statement for the Past Three Years

ACADEMIC YEAR	Year 2017- 2018	Year 2016- 2017	Year 2015- 2016
Sanctioned	60	60	60
No. of Admissions	60	60	60
Unfilled Seats	0	0	0
No. of Excess Admissions	0	0	0

B –I .6

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

ACADEMIC YEAR	Year 2016- 2017	Year 2015- 2016	Year 2014- 2015
1 st year	80.75	97	84
2 nd year	90.52	86	77
3 rd year	90.24	86	85
Final year	94.20	90	100
Pass % (Final Year)	94.20	90	100

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

Whether college has NSS Unit (Yes/No)? If no give reasons	Yes
NSS Programme Officer's Name	Dr. Naveen Singhal
Programme conducted (mention details)	1. Participated in pharmacy week celebration organized by State pharmacy council 2. Interdepartmental cultural and sports activity 3. Conducting Community Programmes including Social Awareness Programmes 4. Participating and Organizing Blood Donation Camp
Whether students participating in University level cultural activities / Co- curricular/sports activities	√Yes/No
Physical Instructor	√Available / Not available
Sports Ground	√Individual / Shared

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

(Anx.5)

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		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others		1	Salary		
			2.	MAINTENANCE EXPENDITURE		
				i	College	
				ii	Others	
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
Total			7.	Others		
			8.	Misc.Expenditure		
			Total			

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : **Available** / Not Available
 a) 2.5 acres District HQ/Corporation/Municipality limit
 b) 0.5 acre for City / Metros
 b. Building : **Own/Rented/Leased**
 c. Land Details to be in name of Trust and Society
 Records to be enclosed
 Sale deed : **Enclosed/Not available**
 d. Building[†]:
 i) Approved Building plan, to be Enclosed : **Enclosed/Not available (Anx.6)**
 e. Total Built Area of the college building in Sq.mts : Built up Area **3816 sq.mts.**

1370 sq.mts.

Amenities and Circulation Area

2. Class rooms:

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

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	06	6 of 90 Sq. mts Or 4 of 150 sq.mts. with Public address System.	1221 sq. mts.	

(*To accommodate 100 students).

3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	10 (789sq.mts.) 3 (169sq.mts.)	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laborator y 02 Laboratories 01 Laboratories 01 Laborator y 10 Laboratories *	03 (237sq.mts) 02 (158sq.mts.) 01(79sq.mts.) 02(158sq.mts.) 01(79sq.mts.) 01(79sq.mts.)	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (mi nimum)	08 (80sq.mts.)	

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4	Area of the Machine Room	80-100 Sq.mts	01 (80sq.mts.)	
5	Central Instrumentation Room	80 Sq.mts with A/ C	01 (81sq.mts.)	
6	Store Room – I	1 (Area 100 Sq mts)	01 (100sq.mts.)	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01 (34 sq.mts.)	

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

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

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

4. Administration Area:

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

5. Staff Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	1	20	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	6	100	

6. Museum, Library, Animal House and other Facilities

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	1	80	
2	Library	01	150 Sq mts	1	161	

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3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	1	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	1	1216	
5	Seminar Hall	01				
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	1	200	

Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	1	60	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	60	
3	Toilet Blocks for Boys	01	24 Sq.mts	2	24	
4	Toilet Blocks for Girls	01	24 Sq.mts	2	25	
5	Drinking Water facility – Water Cooler (Essential).	01		1	3	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	1	12	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	1	12	
8	Power Backup Provision (Desirable)	01		1	50	

Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	1	78	
Computer (Latest Configuration)	1 system for every 10 students	42	2	
Printers	1 printer for every 10 computers	4	1	

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Multi Media Projector	01	1	1	
Generator (5KVA)	01	1	50	

Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	1	250		
Staff quarters	16 x 80 Sq. mts	20	394		
Canteen	100 Sq. mts	1	400		
Parking Area for staff and students		1	1500		
Bank Extension Counter		1	50		
Co operative Stores		0	0		
Guest House	80 Sq. mts	1	80		
Transport Facilities for students		1	800		
Medical Facility (First Aid)		1	100		

A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	820	7190	
2	Annual addition of books		150 to 200 books per year	784		
3	Periodicals Hard copies / online		10 National 05 International periodicals	06 International Jr. 34 National Jr. 05 Magazines		Inventise Online (25 Online+25 Hard Copy) Journals
4	CDS		Adequate Nos	135		
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes, LAN based (Centralized 40 computers)		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Yes		
7	Library Automation and Computerized System : Yes					

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Signature of the Inspectors

8	Library Timings: 8.30 A.M To 6.00 P.M
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10.B. Library Staff:

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

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Course Curriculum:

(Required ratio --- Theory \rightarrow 60:1 and Practicals \rightarrow 20:1) If more than 20 students in a batch 2 staff members to be present provided the lab is spacious.

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Physical Pharmaceutics (Pharmaceutics II)	40	40	40	44	11x4	
Pharmaceutical Organic Chemistry–I	40	44	40	40	10x4	

Pharmacognosy- I	40	40	40	40	10x4	
Pharmacology-II	40	48	--	--	--	
Professional Communication-II	40	40	--	--	--	
Computer Fundamental and Applications	--	--	40	40	10x4	

II B. Pharm:

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Pharmaceutical Biotechnology & Microbiology	40	40	40	48	12x4	
Pharmaceutical Analysis-II	40	47	40	40	10x4	
Bulk drugs Production	40	40	40	40	10x4	
Pharmacology-IV	40	48	--	--	--	
Manufacturing Operations-II	40	42	40	40	10x4	
Environmental Studies	40	40	--	--	--	
Industrial Tour Report	40	--	40			

Signature of the Head of the Institution

Signature of the Inspectors

III B. Pharm:

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Pharmaceutical Technology-II	40	45	40	56	14x4	
Medicinal Chemistry-II	40	40	40	40	10x4	
Plant Biotechnology	40	42	--	--	--	
Pharmacology-VI	40	50	40	44	11x4	
Biostatistics	40	40	--	--	--	

Signature of the Head of the Institution

Signature of the Inspectors

IV B. Pharm:

Subject 1	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
Industrial Manufacturing Pharmacy	40	40	40	--	--	
Pharmaceutical Jurisprudence	40	40	40	--	--	
Instrumental Analysis	40	40	40	40	10x4	
Medicinal Chemistry II	40	40	40	--	--	
Industrial Psychology	40	40	40	--	--	
NDDS	40	45	80	90	30x3	
Advanced clinical pharmacy	40	--	80	90	30x3	

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

Yes

No

**9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last
Three years. A.**

Name of the Event	Year 2016- 2017	Year 2015- 2016	Year 2014-2015
Guest Lectures	3	1	0
Seminars	0	1	1
Workshops	1	0	0
Symposia	0	0	0

Signature of the Head of the Institution

Signature of the Inspectors

B. Papers Presented / Published during last three years

	Year 2016- 2017		Year 2015- 2016		Year 2014-2015	
	National	International	National	International	National	International
Published	--	4	1	7	3	14
Presented	5	--	2	6	10	14

10. Whether Internal Assessments are conducted periodically as per university norms

Yes ☒ No ☐

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	22/02/18 To 28/02/18	01/03/18 To 05/03/18	22/02/18 To 28/02/18	01/03/18 To 05/03/18	NA		
II B. Pharm	22/02/18 To 28/02/18	01/03/18 To 05/03/18	22/02/18 To 28/02/18	01/03/18 To 05/03/18			
III B. Pharm	22/02/18 To 28/02/18	01/03/18 To 05/03/18	22/02/18 To 28/02/18	01/03/18 To 05/03/18			
IV B. Pharm	22/02/18 To 28/02/18	01/03/18 To 05/03/18	22/02/18 To 28/02/18	01/03/18 To 05/03/18			

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

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B. Pharm	00	06	06	45	10	05	38	03	
II B. Pharm	01	09	11	41	08	03	35	02	
III B. Pharm	00	05	21	32	08	01	12	03	
IV B. Pharm	00	13	01	09	13	04	23	11	

12. Work load of Faculty members for B. Pharm (Anx.8)

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Details	Year 2016- 2017	Year 2015- 2016	Year 2014- 2015
No. of Students Appeared	40	10	10
No. of Students Qualified	02	2	01
Percentage	10	20	10

14. Whether the Institution has an Industry – Institution Interaction cell Yes ☒ No ☐

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	02
Industrial Tour	02
Industrial Training	40
No. of Resource Persons from the Industry for Guest Lectures	04
No. of Collaboration projects with Industry	--

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

Year	Year 2016- 2017	Year 2015- 2016	Year 2014- 2015
No. of students appeared for campus interview	30	30	31
% Placed	91	91	87

Signature of the Head of the Institution

Signature of the Inspectors

16. Whether Professional Society Activities are Conducted (Enclose Details)

Yes	No
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Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF:

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

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

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
13	11	-

3. Teaching Staff required year wise exclusively for B.Pharm for intake of 100 Students.

	No. of staff required	Provided by the institution
1. Pharmaceutical Chemistry	7	4
2. Pharmaceutical Analysis	2	0
3. Pharmacology	4	3+1*
4. Pharmacognosy	4	8+1*
5. Pharmaceutics	6	6
6. Pharmacy Practice	1	0
7. Principal	1	1
Total	25	17+2* (Identified)
*Part time teaching Staff	3	3
Remarks of the Inspection Team		

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	1	
	Asst. Professor	2	3	
	Lecturer	3	5+1*	
Department of Pharmaceutical Chemistry	Professor	1	0	
	Asst. Professor	3	4	
	Lecturer	3	0	
Department of Pharmacology	Professor	1	1	
	Asst. Professor	2	3+4*	
	Lecturer	1	0	
Department of Pharmacognosy	Professor	1	0	
	Asst. Professor	1	1	
	Lecturer	2	0	
Department of Pharmacy Practice	Asst. Professor	1	1	
	Lecturer	1	1	
Department of Pharmaceutical Analysis	Asst. Professor	1	0	
	Lecturer	1	0	

5. Selection criteria and Recruitment Procedure for Faculty:

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

Signature of the Head of the Institution

Signature of the Inspectors

6. Details of Faculty Retention for:

Name of Faculty Member	Period	%
Dr. NVS Madhav, Dr. Rajeev kr. Sharma, Mr. Samir Bhargava, Dr. Harish Chandra, Dr. Abhijeet Ojha, Dr. Bhavna, Dr. Anuj Nautiyal, Mr. Sushant kr. Gupta, Dr. Manmohan Singhal, Dr. Lakshmi kanta kanthal, Dr. Habban Akther, Ms. Deepika Raina, Ms. Kirti Singh, Ms. Vishakha Jaiswal, Ms. Sugandha Varshney, Ms. Yogita Tyagi, Ms. Bhavana Singh, Ms. Deepika Sharma, Ms. Farheen	Duration of 15 yrs. and above	--
	Duration of 10 yrs. and above	--
	Duration of 5 yrs. and above	57%
	Less than 5 yrs.	43%

7. Details of Faculty Turnover:

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
Dr. NVS Madhav, Dr. Rajeev kr. Sharma, Mr. Samir Bhargava, Dr. Harish Chandra, Dr. Abhijeet Ojha, Dr. Bhavna, Dr. Anuj Nautiyal, Mr. Sushant kr. Gupta, Dr. Manmohan Singhal, Dr. Lakshmi kanta kanthal, Dr. Habban Akther, Ms. Deepika Raina, Ms. Kirti Singh, Ms. Vishakha Jaiswal, Ms. Sugandha Varshney, Ms. Yogita Tyagi, Ms. Bhavana Singh, Ms. Deepika Sharma, Ms. Farheen	% of faculty retained in last 3 yrs	Yes	No	No	No

8. Number of Non-teaching staff available for B. Pharm course for intake of 100 Students:

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	4	B.Sc. MA,,D.Pharm	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	9	XII	
3	Office Superintendent	1	Degree	1	MA, BA,BLIB, Diploma in computer Application	
4	Accountant	1	Degree	7	M.Com	
5	Store keeper	1	D. Pharm/ Degree	1	D.Pharm B.Sc.	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	--	--	
7	Office Staff I	1	Degree	--	--	
8	Office Staff II	2	Degree	--	--	
9	Peon	2	SSLC	--	--	

Signature of the Head of the Institution

Signature of the Inspectors

10	Cleaning personnel	Adequate	---	--	--	
11	Gardener	Adequate	---	--	--	

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Signature of the Inspectors

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

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

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: Promotions

Yes ☒ No

13. Gratuity Provided

Yes ☐ No ☒

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

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

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

Institution

Signature of the Head of the

Signature of the Inspectors

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 than Rupees one lakh	Yes		
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		

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

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

(Anx.9)

Sl	Expenditure in Rs. 2016-2017			Expenditure in Rs. 2015- 2016			Expenditure in Rs 2014- 2015			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
1										

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

Sl	Expenditure in Rs. 2016-2017			Expenditure in Rs. 2015- 2016			Expenditure in Rs 2014- 2015			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

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

Sl	Expenditure in Rs. 2016-2017			Expenditure in Rs. 2015- 2016			Expenditure in Rs 2014- 2015			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment			Equipment			Equipment			

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

Sl No.	Expenditure in Rs. 2016-2017			Expenditure in Rs. 2015- 2016			Expenditure in Rs 2014- 2015			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books			Books			Books			
2	Journals			Journals			Journals			

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

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Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

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

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	20	15	Yes	
2	Haemocytometer with Micropipettes	20	34	Yes	
3	Sahli's haemocytometer	20	35	Yes	
4	Hutchinson's spirometer	01		Yes	
5	Spygmomanometer	10	25	Yes	
6	Stethoscope	10	25	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	302	Yes	
8	Models for various organs	One model of each organ system	23	Yes	
9	Specimen for various organs and systems	One model for each organ system	15	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	2	Yes	
11	Different Contraceptive Devices and Models	One set of each device	1	Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01		Yes	
14	Myographic lever	01	50	Yes	

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15	Stimulator	01	15	Yes	
16	Centrifuge	01	5	Yes	
17	Digital Balance	01	1	Yes	
18	Physical /Chemical Balance	01	4	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	10	Yes	
20	Sherrington Drum	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	
22	Aerators	10	12	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	01	Yes	
25	Standard graphs of various drugs	Adequate number	Adequate number	Yes	
26	Actophotometer	01	01	Yes	
27	Rotarod	01	01	Yes	
28	Pole climbing apparatus	01	01	Yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	01	Yes	
30	Convulsiometer	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

Apparatus:

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Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60	Yes	
2	Dissection Tray and Boards	10	10	Yes	
3	Haemostatic artery forceps	10	10	Yes	
4	Hypodermic syringes and needles of size 15,24,26G	10	10	Yes	
5	Levers, cannulae	20	30	Yes	

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

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	20	24	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	
5	B.O.D.incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	01	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	

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12	Camera Lucida	20	20	Yes	
13	Eye piece micrometer	20	15	Yes	
14	Incinerator	01	20	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	20	01	Yes	
17	Flourimeter	01	15	Yes	
18	Vacuum pump	02	01	Yes	
19	Micropipettes (Single and multi channeled)	05	02	Yes	
20	Micro Centrifuge	01	02	Yes	
21	Projection Microscope	01	01	Yes	
			01	Yes	

Apparatus:

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

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

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

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Signature of the Inspectors

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	
4	Analytical Balances for demonstration	05	05	Yes	
5	Digital balance 10mg sensitivity	10	10	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	06	Yes	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	10	Yes	
10	Magnetic Stirrers with Thermostat	10	10	Yes	
11	Vacuum Pump	01	01	Yes	
12	Digital pH meter	01	01	Yes	
13	Microwave Oven	02	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	100	65	Yes	
5	Arsenic Limit Test Apparatus	25	20	Yes	

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6	Nessler's Cylinders	50	80	Yes	
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NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	20	20	Yes	
2	Homogenizer	10	05	Yes	
3	Digital balance	05	05	Yes	
4	Microscopes	10	05	Yes	
5	Stage and eye piece micrometers	15	05	Yes	
6	Brookfield's viscometer	01	01	Yes	
7	Tray dryer	01	01	Yes	
8	Ball mill	01	01	Yes	
9	Sieve shaker with sieve set	01	01	Yes	
10	Double cone blender	01	05	Yes	
11	Propeller type mechanical agitator	05	01	Yes	

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12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	10 sets	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	01	Yes	
16	Tablet punching machine	01	01	Yes	
17	Capsule filling machine	01	01	Yes	
18	Ampoule washing machine	01	01	Yes	
19	Ampoule filling and sealing machine	01	01	Yes	
20	Tablet disintegration test apparatus IP	02	01	Yes	
21	Tablet dissolution test apparatus IP	01	01	Yes	
22	Monsanto's hardness tester	02	01	Yes	
23	Pfizer type hardness tester	01	01	Yes	
24	Friability test apparatus	01	01	Yes	
25	Clarity test apparatus	01	01	Yes	
26	Ointment filling machine	01	01	Yes	
27	Collapsible tube crimping machine	01	01	Yes	
28	Tablet coating pan	01	10	Yes	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	02	Yes	
30	Digital pH meter	01	01	Yes	

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31	All purpose equipment with all accessories	01	01	Yes	
32	Aseptic Cabinet	01	02	Yes	
33	BOD Incubator	02	01	Yes	
34	Bottle washing Machine	01	01	Yes	
35	Bottle Sealing Machine	01	02	Yes	
36	Bulk Density Apparatus	02	10	Yes	
37	Conical Percolator (glass/ copper/ stainless steel)	10	02	Yes	
38	Capsule Counter	02	02	Yes	
39	Energy meter	02	02	Yes	
40	Hot Plate	02	01	Yes	
41	Humidity Control Oven	01	01	Yes	
42	Liquid Filling Machine	01	02	Yes	
43	Mechanical stirrer with speed regulator	02	01	Yes	
44	Precision Melting point Apparatus	01	01	Yes	
45	Distillation Unit	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	20	37	Yes	
2	Stalagmometer	20	30	Yes	
3	Desiccator*	10	05	Yes	
4	Suppository moulds	20	20	Yes	

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5	Buchner Funnels (Small, medium, large)	05 each	05 each	Yes	
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	05	Yes	
8	Andreason's Pipette	05	03	Yes	
9	Lipstick moulds	10	10	Yes	

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

PHARMACEUTICAL BIOTECHNOLOGY

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

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

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

CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Fluorimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	01	Yes	

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7	Flame Photometer	01	01	Yes	
8	Potentiometer	01	01	Yes	
9	Conductivity meter	01	01	Yes	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	01	Yes	
11	HPLC	01	01	Yes	
12	HPTLC (Desirable)	01	01	Yes	

Institution

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

Institution

Signature of the Head of the

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

Specific observations if not complied

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.**

PHARMACY COUNCIL OF INDIA
STAFF DECLARATION FORM

From

Teacher's Name
(as on University Degree certificate)

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

Photograph

Date of Birth & Age
.....

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

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

Present Designation : _____

Department :

College :

City :

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

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

Contd. on page 2

::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

Office :

with Code

Residence : _____

E-mail address :

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

Details of the previous appointments/teaching experience

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

Principal				
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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.

Contd. on page 3

::3::

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 :

