

# PHARMACY COUNCIL OF INDIA

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

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

(SIF-A)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.  
(BLOCK LETTERS)

2.

## PART – I

### A - GENERAL INFORMATION

<b>A – I. 1</b> Name of the Institution: """" Complete Postal address: STD code Telephone No. Fax No. E-mail	NANDINI COLLEGE Vill- Turkauli, Post- Nawabganj, Distt. Gonda U.P. Pin-271303 9721499550 ncopdirector@gmail.com
Year of starting of the course	2018
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	PRIVATE
<b>A – I. 2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	NANDINI NAGAR MAHAVIDYALAYA SAMITI 9452370203
<b>A – I. 3</b> Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Arvind Kumar Singh Administrative-Officer Vill & Po Vishnoharpur, Nawabganj, Distt. Gonda UP-271303 9452370203 directorntc@gmail.com
<b>A – I. 4</b> Name and Address of the Head of the Institution	Sri. B.B.S. Singh, Vill.&PO Visnoharpur, Nawabganj, Distt. Gonda
<b>A – I. 4 a)</b> 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	NA	NA	NA

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVERNMENT	Remarks of the Inspectors
D. Pharm		Approval Letter No and Date	NA	NA	NA
		Approved Intake	NA	NA	NA
		Actually Admitted	NA	NA	NA

**c. STATUS OF APPLICATION NA**

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

**Note: Enclose relevant documents**

**A –I. 6**

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

**Building / campus? If yes, give status**

Yes

No

**A – I. 6 a**

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

**Examining Authority :  
With complete postal  
Address, Telephone No.  
and STD Code.**

**BTEUP, LUCKNOW  
Guru Govind Singh Marg, Bans Mandi Chouraha, Charbag, Lucknow  
2630243  
0522**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**B - DETAILS OF THE INSTITUTION**

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

\* Documentary evidence should be provided

**B -I .2**

For institution seeking continuation of approval

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

\* Enclose Documents

**B -I .3**

Pay Scales: NA

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 .4**

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

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

**B -I .5**

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

Signature of the Head of the Institution

Signature of the Inspectors

**C - FINANCIAL STATUS OF THE INSTITUTION**

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

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

**C .2 Please provide following Information**

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	NA	<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	NA	1.	Building	1.25 Cr.	
3.	Library Fee	NA	2.	Equipment	NA	
4.	Sports Fee	NA	3.	Others	NA	
5.	Union Fee	NA	<b>REVENUE EXPENDITURE</b>			
6.	Others	NA	1	Salary	NA	NA
			2.	<b>MAINTENANCE EXPENDITURE</b>		NA
				i	College	
				ii	Others	NA
			3.	University Fee (If any)	NA	NA
			4.	Apex Bodies Fee	NA	NA
			5.	Government Fee	NA	NA
			6.	Deposit held by the College	NA	NA
			7.	Others	NA	NA
			8.	Misc.Expenditure	NA	NA
			<b>Total</b>		NA	NA
					NA	NA
	<b>Total</b>					

**Note: Enclose relevant documents**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART- II PHYSICAL INFRASTRUCTURE**

1. a. Building :  Own/Rented/Leased
- b. Land:
- i) Leased or own Leased   Own
- Sale / Agreement deed (records to be enclosed) : **Enclosed/Not available**
- c. Building: Leased  Rented
- i) Leased/Rented † (Record to be enclosed) : **Enclosed/Not available**
- ii) If Own (Approved Building plan & sale deed to be enclosed) :  **Enclosed/Not available**
- d. Total Area of the college building in Sq.mts : Built up Area
- Amenities and Circulation Area

**2. Class rooms:**

**Total Number of Class rooms provided**

Class	Required	Available	Required Area * for each class room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	02	90 Sq. mts	185.87	

(\* 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)	05	464.68	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy <b>Total no. of Labs for D. Pharm Course</b> *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory <b>05 Laboratories</b> 01 (10 sq.mts)	01 01 01 01 01	82.93 82.93 82.93 82.93 82.93	
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)	05	10 SqFt (Each)	
4	Area of the Machine Room	100 Sq mts	01	116.17	
5	Aseptic Room	25 Sq mts	01	46.46	
6	Store Room – I	1 (Area 20 Sq mts)	01	22.81	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	22.81	

\* 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	46.46	
2	Office – I Including Confidential Room	01	40 Sq mts	01	46.46	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	46.46	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	162.63	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	45.44	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	139.40	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	200.00	

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	104.55	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	104.00	
3	Toilet Blocks for Boys	01	25 Sq mts	01	25.23	
4	Toilet Blocks for Girls	01	25 Sq mts	01	25.23	
5	Canteen (Desirable)	01	100 Sq mts	01	150.00	
6	Drinking Water facility Water Cooler (Essential)	01	Available	02	20.00	
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	NA	NA	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	NA	NA	
9	Power Backup Provision (Desirable)	01	GENSET	01	10KVA	

### 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	NA	01	92.93	
Printers	1 printer for every 10 computers	NA	NA	NA	
Xerox Machine	01	NA	NA	NA	
Multi Media Projector	02	NA	NA	NA	

### 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	NA	NA	NA	
Staff quarters	6 x 80 Sq. mts	NA	NA	NA	
Parking Area for staff and students		NA	NA	NA	
Bank Extension Counter		NA	NA	NA	
Co operative Stores		NA	NA	NA	
Guest House	80 Sq. mts	NA	NA	NA	
Transport Facilities for students	BUS	01	NA	NA	
Medical Facility (First Aid)	AVAILABLE	01	23.23		

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	NA	NA	
2	Annual addition of books		75 books per year	NA	NA	
3	Periodicals Hard copies / online		<b>06 National Journals</b> Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.	NA	NA	
4	<b>Library Timings</b>					

### 8.B. Subject wise Classification:

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

### 8.C. Library Staff:

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

**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:**

NA

Commencement	Completion
DD/MM/YY	DD/MM/YY

No of Days

No of Days

**3. Vacation:**

Summer:

Winter:

**4. Total Number of working days:**

**5. Time Table:**

Time Table for I and II D. Pharm Enclosed

--NA--

Yes

No

**6. Whether the prescribed numbers of classes are being conducted as per PCI norms**

Class / Subject	Theory		Practicals				Remarks of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No. of Hours	No of Hours Conducted	Prescribed Number of Classes	No of Classes conducted	
<b>I D. Pharm</b>							
Pharmaceutics – I	75		100		25		
Pharmaceutical Chemistry – I	75	NA	75	NA	25	NA	
Pharmacognosy	75		75		25		
Biochemistry and Clinical Pathology	50		75		25		
Human Anatomy and Physiology	75	NA	50	NA	25	NA	
Health Education and Community Pharmacy	50		----		----		
<b>II D. Pharm</b>							
Pharmaceutics – II	75		100		25		
Pharmaceutical Chemistry – II	100	NA	75	NA	25	NA	
Pharmacology and Toxicology	75		50		25		
Pharmaceutical Jurisprudence	50		----		----		
Drug Store and Business Management	75	NA	----	NA	----	NA	
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**

NA

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									
II D. Pharm	NA		NA		NA		NA		

**9. Workload of Faculty members for D. Pharm**

Sl. No	Name of the Faculty	Subjects taught	D. Pharm				Total work load	Remarks of the Inspector
			I D. Ph		II D. Ph			
			Th	Pr	Th	Pr		
	NA	NA					NA	

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			
	NA		NA			NA		NA	

2. Qualification and number of Staff Members

Number of staff members required: 07

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

3. Details of Faculty Retention for:

Name of Faculty Member	Period		Percentage
	Duration of 15 yrs. And above	Duration of 10 yrs. And above	
	Duration of 5 yrs. And above		NA
	Less than 5 yrs.		

4. Details of Faculty Turnover

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

(Inspectors to verify documents pertaining to the above)

NA

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

(Inspectors to verify documents pertaining to the above)

NA

**10. Scope for the promotion for faculty: Promotions**

Yes

NA

No

NA

**11. Gratuity Provided**

Yes

NA

No

NA

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

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

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

Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

## PART V - DOCUMENTATION

### Records Maintained: (Essential)

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

NA

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total Budget Sanctioned	Recurring	Non Returning	Total Budget Sanctioned	Recurring	Non Returning	
	-	-	-	-	-	-	-	-	-	

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

NA

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	<b>Chemicals</b>	-	-	<b>Chemicals</b>	-	-	<b>Chemicals</b>	-	-	
	<b>Glassware</b>	-	-	<b>Glassware</b>	-	-	<b>Glassware</b>	-	-	

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

NA

SI No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	<b>Equipment</b>	-	-	<b>Equipment</b>	-	-	<b>Equipment</b>	-	-	

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**



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

**PHARMACEUTICS**

**Equipment:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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

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

#### **PHARMACEUTICAL CHEMISTRY**

##### **Equipment:**

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

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PHYSIOLOGY & PHARMACOLOGY LABORATORY****Equipment:**

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

### PHARMCOGNOSY LABORATORY

#### Equipment:

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

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

### PHARMACY PRACTICE LABORATORY

#### Equipment:

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

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

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

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

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

**Signature of Inspectors:**

**1.**

**2.**

**Note:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

# **PHARMACY COUNCIL OF INDIA**

## **STAFF DECLARATION FORM**

From

Teacher's Name .....  
(as on University Degree certificate)

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

Photograph

Date of Birth & Age .....

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

	<b>Amount Received</b>	<b>TDS</b>
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 : \_\_\_\_\_