

PHARMACY COUNCIL OF INDIA

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

(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

<p>A – I .1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail</p>	<p>FACULTY OF PHARMACY Karpagam Academy of Higher Education (Deemed to be University under sec 3 of UGC Act 1956) Pollachi Main Road, Eachanari Post Coimbatore-641021, Tamil Nadu. 0422 - 647113-15, 6453777 0422-2980022, 23 <u>deanfopku@gmail.com</u></p>
<p>Year of starting of the course</p>	<p style="text-align: center;">B.Pharm (2015)</p>
<p>Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)</p>	<p style="text-align: center;">DEEMED TO BE UNIVERSITY</p> <p style="text-align: right;">(Annexure – 1)</p>
<p>A – I .2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:</p>	<p>Karpagam Academy of Higher Education Trust (Deemed to be University under sec 3 of UGC Act 1956) Pollachi Main Road, Eachanari Post Coimbatore-641021, Tamil Nadu. 0422 647113-15, 6453777 0422-2980022, 23 <u>deanfopku@gmail.com, info@kahedu.edu.in</u> <u>www.kahedu.edu.in</u></p> <p style="text-align: right;">(Annexure – 2)</p>
<p>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</p>	<p>Shri. K.MURUGAIAH Chief Executive Officer Karpagam Academy of Higher Education (Deemed to be University under sec 3 of Act 1956) Eachanari post, Coimbatore, Tamil Nadu - 641021 0422 647113-15, 6453777 Mobile: 9443325669 0422-2980022, 23 <u>ceo@karpagam.ac.in</u> <u>www.kahedu.edu.in</u></p>
<p>A – I .4 Name and Address of the Head of the Institution</p>	<p>Dr.R.SUNDARAGANAPATHY Dean Faculty of Pharmacy Karpagam Academy of Higher Education, (Deemed to be University under sec 3 of Act 1956) Echanari Post, Coimbatore-641021. Tamil Nadu +91 98427 13372 <u>deanfopku@gmail.com</u></p>

A – I.4 a) Whether the Jan Aushadhi Medical Store has been opened by your Institutions	In Process
--	------------

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

(Annexure – 3)

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2018-19	DD No:859382184	15/06/2018	-

b. APPROVAL STATUS

(Annexure – 4)

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT.	UNIVERSITY	Remarks of the Inspector
B. Pharm	2018-2019	Approval Letter No and Date	No 32-1199/2016-PCI/1149-51 dt.23/04/2018	-NA-	Deemed to be University	
		Approved Intake	60	-NA-	60	

c. STATUS OF APPLICATION

Course	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
B. Pharm	Yes	No	Yes	No	60	120

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	-	Yes
Wing of another college	-	No
Separate Campus	-	No
Multi Institutional Campus	-	Yes

Examining Authority :

With complete postal

Address,

Telephone No. and STD Code.

Controller of Examinations

KARPAGAM ACADEMY OF HIGHER EDUCATION

(Annexure – 5)

(Deemed to be University under sec 3 of UGC Act 1956)

Eachanari Post, Coimbatore-641021, Tamil Nadu.

0422-6453777, 647113-5

Signature of the Head of the Institution

Signature of the Inspectors

B - Details of the Institution

B-I.1		Dr. R. SUNDARAGANAPATHY			
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	21 years	
	PhD		10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

(Annexure – 6)

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	12 & 13/03/2018	Enclosed	Complied	-NA-

* Enclose Documents (Annexure – 7)

B-I.3

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

B-I.4**Pay Scales:**

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

B-I.5**B. Pharm Course: Admission statement for the past three years**

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

B-I.6**Academic information: Percentage of UG results for the past three years based on University Calendar**

ACADEMIC YEAR	Year 2015-16	Year 2016-17	Year 2017-18
1st year	95%	90%	-NA-
2nd year	-NA-	87.5%	-NA-
3rd year	-NA-	-NA-	-NA-
Final year	-NA-	-NA-	-NA-
Pass % (Final Year)	-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	Yes
NSS Programme Officer's Name	Dr. A. Dharmaraj
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		CAPITAL EXPENDITURE			
2.	Tuition Fee	7800000	1.	Building	55330464	
3.	Library Fee	320000	2.	Equipment	378000	
4.	Sports Fee	250000	3.	Others	60000	
5.	Union Fee	-	REVENUE EXPENDITURE			
6.	Others	260000	1	Salary	3024000	
			2.	MAINTENANCE EXPENDITURE		
				i College	600000	
				ii Others	-	
			3.	University Fee (If any)	-	
			4.	Apex Bodies Fee	122000	
			5.	Government Fee	-	
			6.	Deposit held by the College	-	
			7.	Others	-	
			8.	Misc.Expenditure	250000	
			Total		59764464	
Total		8630000				

Note: Enclose relevant documents

(Annexure – 8)

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** (Annexure – 9)
- c. Land Details to be in the name of Trust and Society
 i) Own – Records to be enclosed
 Sale deed : **Enclosed/Not available**
- d. Building:
 i) Approved Building plan, sale deed to be enclosed) : **Enclosed/Not available**
- e. Total Built Area of the college building in Sq.mts : Built up Area 4458.16 Sq.mts
 Amenities and Circulation Area 1523.6 Sq.mts

2. Class rooms:

Total Number of Class rooms provided for both B. Pharm

Class	Required	Available Numbers	Required Area * for each Class Room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	05	6 of 90 Sq. mts or 4 of 150 Sq. mts with Public address system	427.58	

(* To accommodate 100 students)

3. Laboratory requirement for B. Pharm

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 & 796 03 & 250	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total n o. Laboratories for B.Pharm	03 Laboratories 03 Laboratories 01 Laboratory 03 Laboratories 01 Laboratory 01 Laboratory 12 Laboratories *	03 & 230 03 & 250 01&80 03 & 240 01&80 01&85 12	
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)	03 & 71.2	
4	Area of the Machine Room	80-100 Sq.mts	100	
5	Central Instrument Room	80 Sq.mts with A/ C	80	
6	Store Room – I	1 (Area 100 Sq mts)	100	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	39	

*No. of laboratories required for B. Pharm Course

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 fuming 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	30 Sq .mts	01	75	
2	Office – I – Establishment	01	60 Sq. mts	01	75	
3	Office – II – Academics					
4	Confidential Room					

5. Staff Facilities:

Sl No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	04	80.5	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	18	193.2	

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	01	278	
2	Library	01	150 Sq. mts	01	171.19	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	250	
5	Seminar Hall	01		01	300	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	Adequate number available	

Signature of the Head of the Institution

Signature of the Inspectors

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	60 Sqmts	01	50.32	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	28.35	
3	Toilet Blocks for Boys	01	24 Sq.mts	04	42.00	
4	Toilet Blocks for Girls	01	24 Sq.mts	04	42.00	
5	Drinking Water facility – Water cooler (Essential).	01	-	01	12.00	
6	Boy's Hostel (Desirable)	01	9 Sq mts/ Room Single occupancy	10	300	
7	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	10	300	
8	Power Backup Provision (Desirable)	01		01	-----	

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	122.90	
Computer (Latest configuration)	1 system for every 10 students	28	-----	
Printers	1 printer for every 10 computers	03	-----	
Multi Media Projector	01	01	-----	
Generator (5KVA)	01	01	-----	

Signature of the Head of the Institution

Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	0	-----		
Staff quarters	16 x 80 Sq mts	-----	-----		
Canteen	100 Sq. mts	01	134.05		
Parking Area for staff and students		01	4360		
Bank Extension Counter		01	Available		
Co operative Stores		01	Available		
Guest House	80 Sq. mts		Available		
Auditorium			Available		
Transport Facilities for students			Available		
Medical Facility (First Aid)			Available		

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	No.	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	405	2076	
2	Annual addition of books		150-200 books per year	102	265	
3	Periodicals Hard copies / online		10 National 05 International periodicals	11 05	11 05	
4	CDS		Adequate Nos	10	18	
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	01 01 01		
7	Library Automation and Computerized System : Available					
8	Library Timings : 8.00AM – 6.00PM					

10.B. Library Staff

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

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio:

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

Class	Theory	Practicals	Remarks of the Inspectors
B.Pharm	60:1	30:1	

2. Scheme of B. Pharm Course: Annual Semester (Annexure – 10)

3. Date of Commencement of session / sessions for B.PHARM:

(Annexure – 11)

Commencement	Completion
18/06/18	15/11/18
03/12/18	29/04/19

No of Days

No of Days

4. Vacation Summer: Winter:

5. Total No. of working days:

6. Time Table:

Time table for B. Pharm course enclosed Yes No (Annexure – 12)

7. Whether the prescribed numbers of classes are being conducted as per university norms for B. PHARM

I B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
Anatomy and physiology I & II	72	72	72	72	12	
Pharmaceutical Inorganic Chemistry – I&II	72	72	72	72	12	
Pharmaceutical organic chemistry – I&II	72	72	72	72	12	
Biochemistry – I&II	72	72	72	72	12	
Biostatistics & Computer Applications I&II	72	72	72	72	12	

Signature of the Head of the Institution

Signature of the Inspectors

II B. Pharm:

Subject 1	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	
Physical Pharmaceutics – I&II	72	72	72	72	12	
Advanced pharmaceutical Organic Chemistry I&II	72	76	72	72	12	
Biochemistry and Biomolecules - I & II	72	72	72	72	12	
Titrimetric methods of Pharmaceutical Analysis & Pharmacy practice and pathophysiology	72	72	72	72	12	
Pharmaceutical Technology – I& II	72	72	-	-	-	

III B. Pharm:

Subject 1	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 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours	
Advanced Pharmacognosy I& II	72	72	72	72	12	
Pharm. Biotechnology I&II	72	72	72	72	12	
Chemistry of Natural Products & Med. Chem -I	72	72	72	72	12	
Pharmacology & Therapeutics I& II	72	72	72	72	12	
Bio Pharmaceutics & Pharm.kinetics Pharm.Jurisprudence & DBM	72	72	36	36	12	
HCP	36	36	-	-	-	

Signature of the Head of the Institution

Signature of the Inspectors

IV B. Pharm

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

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

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

Yes

No

9. Number of Guest Lectures / Seminars / Workshops / Symposia / Presentations conducted during last year

A.

Name of the Event	Year 2015-16	Year 2016-17	Year 2017-18
Guest Lectures	01	06	04
Seminars	-	02	01
Workshops	-	-NA-	-NA-
Symposia	-	-NA-	-NA-

Signature of the Head of the Institution

Signature of the Inspectors

B. Papers Presented / Published during last three years

	Year 2015-16		Year 2016-17		Year 2017-18	
	National	International	National	International	National	International
Published	01	21	-NA-	15	05	22
Presented	-	01	03	01	01	-

10. Whether Internal Assessments are conducted periodically as per university / Board 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	
B.PHARM							
I B. Pharm	26/02/2018		09/04/2018		-	-	
II B. Pharm	17/01/2018		26/02/2018		02/04/2018	02/04/2018	
III B. Pharm	17/01/2018		26/02/2018		02/04/2018	02/04/2018	
IV B. Pharm	-NA-	-NA-	-NA-	-NA-	-NA-	-NA-	

11. Whether Evaluation of the internal assessments is Fair

Yes No

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

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

(Annexure – 13)

Sl. No	Name of the Faculty	Subjects taught	B. Pharm								Total work load	Remarks of the Inspector
			I		II		III		IV			
			Th	Pr	Th	Pr	Th	Pr	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 2015-16	Year 2016-17	Year 2017-18
No. of Students Appeared	-NA-	-NA-	-NA-
No. of Students Qualified	-NA-	-NA-	-NA-
Percentage	-NA-	-NA-	-NA-

14. Whether the Institution has an Industry – Institution Interaction cell For B. Pharm

Yes

No

If applicable please give the details for the previous Year

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

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

Year	Year 2015-16	Year 2016-17	Year 2017-18
No. of students appeared for campus interview	-NA-	-NA-	-NA-
% Placed	-NA-	-NA-	-NA-

16. Whether Professional Society Activities are Conducted (Enclose Details) (ISTE, IPA, APTI, ICTA and Related Societies)

Yes

~~No~~

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF.

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

(Annexure – 14)

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

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
16	02	-

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

	No of Staff Required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
Total	25
*Part time teaching Staff	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 60 students	Provided by the institution	Remarks of the Inspectors of inspection team
Department of Pharmaceutics	Professor	1	01	
	Asst. Professor	2	02	
	Lecturer	3	03	
Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis)	Professor	1	01	
	Asst. Professor	3	03	
	Lecturer	3	03	
Department of Pharmacology	Professor	1	01	
	Asst. Professor	2	02	
	Lecturer	1	01	
Department of Pharmacognosy	Professor	1	01	
	Asst. Professor	1	01	
	Lecturer	2	02	
Department of Pharmacy practice	Asst. Professor	1	01	
	Lecturer	1	01	
Department Pharmaceutical Analysis	Asst. Professor	1	01	
	Lecturer	1	01	

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

5. Selection criteria and Recruitment Procedure for Faculty:

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

6. Details of Faculty Retention for:

Name of Faculty Member	Period	Percentage
	Duration of 15 yrs. And above	
	Duration of 10 yrs. And above	
	Duration of 5 yrs. And above	
All faculty (as per list enclosed)	Less than 5 yrs.	85%

7. Details of Faculty Turnover

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Sl. No.	Designation	Required Number	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm	02	D.Pharm	
2	Laboratory Assistants/ Attenders	1 for each Lab (minimum)	SSLC	04	SSLC & HSC	
3	Office Superintendent	1	Degree	01	B.Com	
4	Accountant	1	Degree	01	B.Com	
5	Store keeper	1	D. Pharm/ Degree	01	BA	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	BCA	
7	Office staff I	1	Degree	01	BA	
8	Office staff II	2	Degree	02	B.Com	
9.	Peon	2	SSLC	02	SSLC	
10	Cleaning personnel	Adequate	---	02	-	
11	Gardener	Adequate	---	01	-	

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

9. Scale of pay for Teaching faculty (to be enclosed):**(Annexure – 15)**

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? YES

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: PromotionsYes No **13. Gratuity Provided**Yes No **14. Details of Non-teaching staff members (list to be enclosed) :****(Annexure – 16)**

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**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	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:

(Refer Annexure –8)

(Audited Accounts for previous year to be enclosed)

Sl	Expenditure in Rs. (2015-16)			Expenditure in Rs. (2016-17)			Expenditure in Rs. (2017-18)			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	
1.	1250000/-	483844/-	608054/-	1000000	233595	662188	NA	NA	NA	

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

Sl	Expenditure in Rs. (2015-16)			Expenditure in Rs. (2016-17)			Expenditure in Rs. (2017-18)			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Chemicals	400000	359772	Chemicals	200000	179585	Chemicals	NA	NA	
2	Glassware	200000	124072	Glassware	100000	54010	Glassware	NA	NA	

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

Sl	Expenditure in Rs. (2015-16)			Expenditure in Rs. (2016-17)			Expenditure in Rs. (2017-18)			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1.	Equipment	300000	286729	Equipment	700000	662188	Equipment	NA	NA	

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. (2015-16)			Expenditure in Rs. (2016-17)			Expenditure in Rs. (2017-18)			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	300000	288810	Books	140000	116670	Books	NA	NA	
2	Journals	50000	32515	Journals	50000	36100	Journals	NA	NA	

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

Signature of the Head of the Institution

Signature of the Inspectors

PART VII – EQUIPMENT AND APPARATUS

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

DEPARTMENT OF PHARMACOLOGY Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	20	20	YES	
2	Haemocytometer with Micropipettes	20	20	YES	
3	Sahli's haemocytometer	20	20	YES	
4	Hutchinson's spirometer	01	01	YES	
5	Spygmomanometer	10	10	YES	
6	Stethoscope	10	10	YES	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	30	YES	
8	Models for various organs	One model of each organ system	10	YES	
9	Specimen for various organs and systems	One model for each organ system	40	YES	
10	Skeleton and bones	One set of skeleton and one spare bone	01	YES	
11	Different Contraceptive Devices and Models	One set of each device	04	YES	
12	Muscle electrodes	01	01	YES	
13	Lucas moist chamber	01	01	YES	
14	Myographic lever	01	01	YES	
15	Stimulator	01	01	YES	
16	Centrifuge	01	01	YES	
17	Digital Balance	01	01	YES	
18	Physical /Chemical Balance	01	01	YES	
19	Sherrington's Kymograph Machine / Polyrite	10	10	YES	

Signature of the Head of the Institution

Signature of the Inspectors

20	Sherrington Drum	10	10	YES	
21	Perspex bath assembly (single unit)	10	10	YES	
22	Aerators	10	10	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 YES	
30	Convulsiometer	01	01	YES	
31	Plethysmograph	01	01	YES	
32	Digital pH meter	01	01	YES	

Apparatus:

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 YES	
5	Levers, cannulae	20	20	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	20	YES	
2	Digital Balance	02	02	YES	
3	Autoclave	02	02	YES	
4	Hot air oven	02	02	YES	

Signature of the Head of the Institution

Signature of the Inspectors

5	B.O.D.incubator	01	01	YES	
6	Refrigerator	01	01	YES	
7	Laminar air flow	01	01	YES	
8	Colony counter	02	02	YES	
9	Zone reader	01	01	YES	
10	Digital pH meter	01	01	YES	
11	Sterility testing unit	01	01	YES	
12	Camera Lucida	20	20	YES	
13	Eye piece micrometer	20	20	YES	
14	Incinerator	01	01	YES	
15	Moisture balance	01	01	YES	
16	Heating mantle	20	20	YES	
17	Flourimeter	01	01	YES	
18	Vacuum pump	02	02	YES	
19	Micropipettes (Single and multi channeled)	05	05	YES	
20	Micro Centrifuge	01	01	YES	
21	Projection Microscope	01	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:

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	

Signature of the Head of the Institution

Signature of the Inspectors

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	02	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	100	YES	
5	Arsenic Limit Test Apparatus	25	25	YES	
6	Nessler's Cylinders	50	50	YES	

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

DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	20	20	YES	
2	Homogenizer	10	10	YES	
3	Digital balance	05	05	YES	
4	Microscopes	10	10	YES	
5	Stage and eye piece micrometers	15	15	YES	
6	Brookfield's viscometer	01	01	YES	
7	Tray dryer	01	01	YES	
8	Ball mill	01	01	YES	

Signature of the Head of the Institution

Signature of the Inspectors

9	Sieve shaker with sieve set	01	01	YES	
10	Double cone blender	01	01	YES	
11	Propeller type mechanical agitator	05	05	YES	
12	Autoclave	01	01	YES	
13	Steam distillation still	01	01	YES	
14	Vacuum Pump	01	01	YES	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 sets	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	02	YES	
21	Tablet dissolution test apparatus IP	01	01	YES	
22	Monsanto's hardness tester	02	02	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	01	YES	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	05 EACH 10	YES YES	
30	Digital pH meter	01	01	YES	
31	All purpose equipment with all accessories	01	01	YES	
32	Aseptic Cabinet	01	01	YES	
33	BOD Incubator	02	02	YES	
34	Bottle washing Machine	01	01	YES	
35	Bottle Sealing Machine	01	01	YES	
36	Bulk Density Apparatus	02	02	YES	
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	YES	
38	Capsule Counter	02	02	YES	
39	Energy meter	02	02	YES	
40	Hot Plate	02	02	YES	

Signature of the Head of the Institution

Signature of the Inspectors

41	Humidity Control Oven	01	01	YES	
42	Liquid Filling Machine	01	01	YES	
43	Mechanical stirrer with speed regulator	02	02	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	20	YES	
2	Stalagmometer	20	20	YES	
3	Desiccator*	10	10	YES	
4	Suppository moulds	20	20	YES	
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	05	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	-	-	
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	-	-	
7	Tissue culture station	01	01	YES	
8	Laminar airflow unit	01	01	YES	

Signature of the Head of the Institution

Signature of the Inspectors

9	Diagnostic kits to identify infectious agents	01	01	YES YES	
10	Rheometer	01	01	YES	
11	Viscometer	01	01	YES	
12	Micropipettes (single and multi channeled)	01 each	01 each	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	Flourimeter	01	01	YES	
5	Digital Balance (1mg sensitivity)	01	01	YES	
6	Nephelo Turbidity meter	01	01	YES	
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	-	-	
11	HPLC	01	01	YES	
12	HPTLC (Desirable)	01	-	-	

Signature of the Head of the Institution

Signature of the Inspectors

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

Signature of the Head of the Institution

Signature of the Inspectors

Observation of the Inspectors:

Compliance of the last recommendations by Inspectors

- | | |
|--|---|
| 1. Rotary tablet punching machine | - Purchase Order was placed to obtain the machine. |
| 2. UV-Visible spectrophotometer | - The instrument will be supplied to us shortly based on our purchase order |
| 3. More reference book like Pharmacopeia and other books to the library to be provided | - IP 2017 and other Reference books were purchased. |

Specific observations if not complied

-NIL-

Signature of Inspectors:	1.
	2.

Note:

- 2. 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.**
- 3. 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

