

**PHARMACY COUNCIL OF INDIA**

**Standard Inspection Format (S.I.F) for institutions conducting B. Pharm and D. Pharm**

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

**(SIF-C)**

*To be filled up by P.C.I.*

*To be filled up by inspectors*

**Inspection No. :**

**Date of Inspection:**

**FILE No. : 32-1283/2017-PCI      NAME OF THE INSPECTORS:**  
**& 17-1357/2017-PCI      (BLOCK LETTERS)**

**PART – I**

**A - GENERAL INFORMATION**

|   |   |
|---|---|
| <b>A – I .1</b><br>Name of the Institution:<br><br>Complete Postal address:<br><br>STD code<br>Telephone No.<br>Fax No.<br>E-mail   | <i>Yogendra Nath Saxena College of Pharmacy<br/>and Research centre<br/>Opposite Power House, Rampur Bhoor Road,<br/>Hasan Pur Amroha, U.P. 244241</i><br><br><i>09837791663<br/>08077585317</i><br><br><a href="mailto:jhammanlalpgcollege@gmail.com">jhammanlalpgcollege@gmail.com</a>  |
| Year of Establishment / Year of Starting of the course  | <b>Diploma <u>2017</u> &amp; Degree <u>2017</u></b>   |
| Status of the course conducting body:<br>Government / University / Autonomous / Aided /<br>Private (Enclose copy of Registration documents of<br>Society/Trust)             | <i>Private(Society)<br/>Copy of Society Registration Documents are<br/>Enclosed as Annexure-1</i>   |
| <b>A – I .2</b><br>Name, address of the Society/Trust/ Management<br>(attach documentary evidence)<br><br>STD Code:<br>Telephone No:<br>Fax No:<br>E-mail<br>Web Site:      | <i>Jhammanlal Education<br/>Society Rampur Bhoor<br/>Road, Hasanpur,<br/>Amroha(Uttar Pradesh)</i><br><i>0135<br/>2652381<br/>2694245</i><br><a href="mailto:jhammanlalpgcollege@gmail.com">jhammanlalpgcollege@gmail.com</a><br><a href="http://www.ynsprofessionalcollegehasanpur.com">www.ynsprofessionalcollegehasanpur.com</a> |
| <b>A – I .3</b><br>Name, Designation and Address of person to be contacted<br>by phone<br>STD Code<br>Telephone No<br>Office<br>Residence<br>Mobile No.<br>Fax No<br>E-Mail | <i>Mr.Gopal Saxsena<br/>Secretary Jhammanlal Educational Society<br/>Rampur Bhoor Road,Hasanpur,Amroha<br/>Uttar Pradesh-244241.</i><br><br><i>09837791663<br/>08077585317</i><br><a href="mailto:jhammanlalpgcollege@gmail.com">jhammanlalpgcollege@gmail.com</a>  |
| <b>A – I .4 Name and Address of the Head of the Institute</b>   | <i>Dr. M. Mustaqeem Abdullah<br/>YNCOP, Hasanpur Amroha</i>   |
| <b>Signature of the Head of the Institution</b><br><b>A-1.4 a</b><br>Whether the Jan Aushadhi Medical Store has been opened<br>by your institute                            | <b>Signature of the Inspectors</b><br><br><i>(In Process)</i>   |

**A –I . 5****FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL -****a. Details of Affiliation Fee Paid :**

| Name of the Course | Affiliation Fee paid up | Receipt No  | Dated                                   | Remarks of the Inspectors |
|--------------------|-------------------------|---|---|---------------------------|
| D. Pharm           | 2018-19*                | DD Rs 50000/-in favour of PCI, of HDFC bank. DD No.001111, dated 28.8.17  | 28.08.2017<br>Revalidated on 11.05.2018 |                           |
| B. Pharm           | 2018-19*                | DD Rs 100000/-in favour of PCI, of HDFC bank. DD No.001112, dated 28.8.17 | 28.08.2017<br>revised on 11.05.2018     |                           |

**b. APPROVAL STATUS:**

B. APPROVAL STATUS.

| Name of the Course | Approved up to | In take Approved and Admitted | PCI                                      | STATE GOVERNMENT                  | UNIVERSITY                          | Remarks of the Inspectors |
|--------------------|----------------|-------------------------------|--|-----------------------------------|-------------------------------------|---------------------------|
| B. Pharm           | 2017-18        | Approval Letter No and Date   | 32-1283/2017-PCI,69211-14 Dated 30/01/18 | 2016/12664 Lucknow dated 10/12/16 | AkTU/2018/10137/886 dated15.05.2018 |                           |
|                    |                | Approved Intake               | 60                                       | Annex-4                           | Annex- 6                            |                           |
|                    |                | Actually admitted             | 00                                       | AICTE Annex-5                     |                                     |                           |
| D. Pharm           | 2017-18        | Approval Letter No and Date   | 17-1357/2017-PCI69211, Dated 30/01/18    | 2016/12664 Lucknow dated 10/12/16 | Annexed 7                           |                           |
|                    |                | Approved Intake               | 60                                       | Annex-4                           |                                     |                           |
|                    |                | Actually admitted             | 00                                       |                                   |                                     |                           |

**c. STATUS OF APPLICATION:****COURSES INSPECTED FOR**

| Faculty / Subject | Extension of Approval |  | Increase in Intake of Seats |  | Remarks        |                 |
|-------------------|-----------------------|--|-----------------------------|--|----------------|-----------------|
|                   |                       |  |                             |  | Current Intake | Proposed Intake |
| B. Pharm          | Yes                   |  |                             |  | 60             |                 |
| D. Pharm          | Yes                   |  |                             |  | 60             |                 |

**Note: Enclose relevant documents**

Signature of the Head of the Institution

Signature of the Inspectors

**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✓**

☐

**Wing of another college**

☐

**Separate Campus**

☐

**Multi Institutional Campus**

☐

**Examining Authority**

**With complete postal Address**

**Telephone No. and STD Code.**

**For diploma course**

B.T.E, Uttar Pradesh

I- Guru Govind SinghMarg,

Bans Mandi, Charbagh

Lucknow-

Phone 0522-2630243/38709

**For degree course**

DR. A.P.J.A.K.T.U,

IETCampus Sitapur Road

Lucknow, Uttar Pradesh

226021

Phone Fax 0522-2732193

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## B - DETAILS OF THE INSTITUTION

| B –I .1<br>Name of the Principal/HOD |                | Dr. M. M. Abdullah  |                      |                              |
|--------------------------------------|----------------|---|----------------------|------------------------------|
| Qualification/<br>Experience         | Qualification* | Teaching Experience<br>Required                           | Actual<br>experience | Remarks of the<br>Inspectors |
|                                      | M. Pharm       | 15 Yrs out of which 5 years as<br>prof./HOD               |                      |                              |
|                                      | ✓ PhD          | 10 Yrs out of which atleast 05<br>years as Assistant prof | 16 Years             |                              |

\* Documentary evidence should be provided **SDF Annex-16**

## B-I.2

**For institution seeking continuation of affiliation –**

| <b>Course</b>                 | <b>Date of last Inspection</b>                | <b>Remarks of the Previous Inspection Report</b> | <b>Complied / Not Complied</b> | <b>Intake reduced/Stopped in the last 03 years*</b> |
|-------------------------------|---|--|--------------------------------|---|
| <b>B. Pharm &amp; D.Pharm</b> | 2 <sup>nd</sup> & 3 <sup>rd</sup> , June 2017 | <b>No Deficiency</b>                             | <b>Complied</b>                | <b>No</b>   |

\* Enclose Documents **Annex- 8**

### B-I.3

|  |                           |
|--|---------------------------|
| <b>Status of Governing Council:</b>                  | <b>Society</b>            |
| <b>Details of the Governing Body</b>                 | <b>Governing body yes</b> |
| <b>Minutes of the last Governing council Meeting</b> | Yes                       |

### **B –I .4 Pay Scales:**

| Staff              | Scale of pay         | PF  | Gratuity | Pension benefit | Remarks of the Inspectors |
|--------------------|----------------------|-----|----------|-----------------|---------------------------|
| Teaching Staff     | AICTE Yes            | Yes | Yes      | No              |                           |
| Non-Teaching Staff | State Government Yes | Yes | Yes      | No              |                           |

**Signature of the Head of the Institution**

### Signature of the Inspectors

**B –I .5****D. Pharm Course: Admission Statement for the Past Three Years:**

| ACADEMIC YEAR            | Year 2017-18 | Year 2018-19 | Year 2019-20 |
|--------------------------|--------------|--------------|--------------|
| Sanctioned               | 60           | 60 applied   |              |
| No. of Admissions        | 00           |              |              |
| Unfilled Seats           | 60           |              |              |
| No. of Excess Admissions | Nil          |              |              |

**B –I .6**

Academic information: Percentage of D. Pharm results for the past three years: *Not applicable*  
Calendar

| ACADEMIC YEAR | Year 2015-16                                | Year 2016-17 | Year 2017-18 |
|---------------|---|--------------|--------------|
| D. Pharm      | <i>Not applicable as course to commence</i> |              |              |

**B –I .7****B. Pharm Course: Admission Statement for the Past Three Years:**

| ACADEMIC YEAR            | Year 2016-17 | Year 2017-18 | Year 2018-19       |
|--------------------------|--------------|--------------|--------------------|
| Sanctioned               | NA           | 60           | <i>Applied for</i> |
| No. of Admissions        | NA           | 00           |                    |
| Unfilled Seats           | NA           | 60           |                    |
| No. of Excess Admissions | NA           | Nil          |                    |

**B-1.8**

Academic information: Percentage of UG results for the past three years: *Not applicable*  
Calendar

| ACADEMIC YEAR                     | Year 2015-16 | Year 2016-17 & 2017-18 |
|-----------------------------------|--------------|------------------------|
| 1 <sup>st</sup> year (I & II sem) | NA           | Not applicable         |
| 2 <sup>nd</sup> year              | NA           |                        |
| 3 <sup>rd</sup> year              | NA           |                        |
| Final year                        | NA           |                        |
| Pass % (Final Year)               | NA           |                        |

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

|   |               |
|---|---------------|
| Whether college has NSS Unit (Yes/No)?<br>If no give reasons  | Under Process |
| NSS Programme Officer's Name  | Dr. Amit      |
| Programme conducted (mention details)   | NA            |
| Whether students participating in University level cultural activities / Co- curricular/sports activities | NA            |
| Physical Instructor   | Available     |
| Sports Ground   | Available     |

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)**Society

**C .2 Please provide following Information**

| Receipts   |                                      |        | Expenditure         |                                |        | Remarks<br>of the<br>Inspectors |
|------------|--------------------------------------|--------|---------------------|--------------------------------|--------|---------------------------------|
| Sl.<br>No. | Particulars                          | Amount | Sl.<br>No.          | Particulars                    | Amount |                                 |
| 1.         | Grants<br>a. Government<br>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<br>EXPENDITURE     |        |                                 |
|            |                                      |        |                     | i College                      |        |                                 |
|            |                                      |        |                     | ii Others                      |        |                                 |
|            |                                      |        | 3.                  | University Fee<br>(If any)     |        |                                 |
|            |                                      |        | 4.                  | Apex Bodies Fee                |        |                                 |
|            |                                      |        | 5.                  | Government Fee                 |        |                                 |
|            |                                      |        | 6.                  | Deposit held by the<br>College |        |                                 |
|            |                                      |        | 7.                  | Others                         |        |                                 |
|            |                                      |        | 8.                  | Misc. Expenditure              |        |                                 |
|            |                                      |        | Total               |                                |        |                                 |
| Total      |                                      |        |                     |                                |        |                                 |

**Note: Enclose relevant documents**

\* In Process

Signature of the Head of the Institution

Signature of the Inspectors

## PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (D. Pharm/B. Pharm courses) : **Available(Yes)**
  - a) 2.5 acres District HQ/Corporation/Municipality limit
  - b) 0.5 acre for City / Metros
- b. Building : **Own**
- c. Land Details to be in name of Trust and Society  
Records to be enclosed  
1) Own-records to be enclosed  
Sale deed : **Enclosed**
- d. Building<sup>†</sup>:
  - i) Approved Building plan, to be enclosed : **Enclosed**
- e. Total Built Area of the college building in Sq.mts : Built up Area

|             |
|-------------|
| <b>3546</b> |
|-------------|

Amenities and Circulation Area

|             |
|-------------|
| <b>2000</b> |
|-------------|

### 2. Class rooms:

**Total Number of Class rooms provided for the D. Pharm and B. Pharm**

| Class    | Required Nos | Available Nos | Required Area * for each class room                        | Available Area in Sq.mts | Remarks of the Inspectors |
|----------|--------------|---------------|--|--------------------------|---------------------------|
| B. Pharm | 04           | <b>04</b>     | 90 Sq. mts each (Desirable)<br>75 Sq. mts each (Essential) | <b>4x 75</b>             |                           |
| D. Pharm | 02           | <b>02</b>     | 90 Sq. mts each (Desirable)                                | <b>90X 2</b>             |                           |

(\*To accommodate 60 students).

### 3. Laboratory requirement for both D. Pharm and B. Pharm

| Sl. No. | Infrastructure for  | Requirement as per Norms  | Available No. & Area in Sq. mts   | Remarks/ Deficiency |
|---------|---|---|---|---------------------|
| 1       | Lab Area for B.Pharm Course (10 Labs)<br>Lab Area for D.Pharm Course (03 Labs)  | 90 Sq .mts x n (n=10) - Including<br>Preparation room - Desirable<br>75 Sq. mts - Essential   | <b>90</b><br><b>10</b><br><b>03</b>   |                     |
| 2       | Pharmaceutics<br>Pharmaceutical Chemistry<br>Pharmaceutical Analysis<br>Pharmacology<br>Pharmacognosy<br>Pharmaceutical Biotechnology<br>(Including Aseptic Room)<br>Total no. Laboratories for B.Pharm course and D.pharm course | 03 Laboratories<br>03 Laboratories<br>01 Laboratory<br>03 Laboratories<br>02 Laboratories<br>01 Laboratory<br><br>13 Laboratories * | <b>2</b><br><b>2</b><br><b>1</b><br><b>2</b><br><b>1</b><br><br><b>Total = 08</b> |                     |
| 3       | Preparation Room for each lab<br>(One room can be shared by two labs, if it is in between two labs)   | 10 sq.mts (minimum)   | available   |                     |
| 4       | Area of the Machine Room  | 80-100 Sq.mts   | <b>1(85sq mt.)</b>  |                     |
| 5       | Central Instrumentation Room  | 80 Sq.mts with A/ C   | <b>1 (85 sq mt.)</b>  |                     |
| 6       | Store Room – I  | 1 (Area 100 Sq.mts)   | <b>1(100 sq mt)</b>   |                     |
| 7       | Store Room - II<br>(For Inflammable chemicals)  | 1 (Area 20 Sq.mts)  | <b>1(20 sq mt)</b>  |                     |

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 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    |                                    |                                   |           |                 |                     |
| 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 Sqmts |                     |
| 1       | HODs for B.Pharm Course           | Minimum 4                          | 20 Sq.mt x 4                      | 4         | 20 X 4= 80    |                     |
| 2       | Faculty Rooms for B. Pharm course |                                    | 10 Sq.mt x n (n=No of teachers)   | 12        | 166           |                     |

**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  |           |                 |                     |
| 2       | Library                                     | 01                                 | 150 Sq.mts   | 1         | 150             |                     |
| 3       | Museum                                      | 01                                 | 50 Sq.mts (May be attached to the Pharmacognosy lab) | 1         | 64              |                     |
| 4       | Auditorium / Multi Purpose Hall (Desirable) | 01                                 | 250 – 300 seating capacity                           |           | -----           |                     |
| 5       | Seminar                                     | 01                                 |  | 1         | 150             |                     |
| 5       | Herbal Garden (Desirable)                   | 01                                 | Adequate Number of Medicinal Plants                  | 1         | Proposed        |                     |

**7. Student Facilities:**

| Sl. | Name of infrastructure | Requirement as | Requirement | Available | Remarks/ |
|-----|------------------------|----------------|-------------|-----------|----------|
|-----|------------------------|----------------|-------------|-----------|----------|



| No. |   | per Norms in number | as per Norms, in area   | No.      | Area in Sq .mts | Deficiency |
|-----|---|---------------------|---|----------|-----------------|------------|
| 1   | Girl's Common Room (Essential)                      | 01                  | 60 Sq.mts   | <i>1</i> | <i>75</i>       |            |
| 2   | Boy's Common Room (Essential)                       | 01                  | 60 Sq.mts   | <i>1</i> | <i>61</i>       |            |
| 3   | Toilet Blocks for Boys                              | 01                  | 24 Sq.mts   | <i>1</i> | <i>24</i>       |            |
| 4   | Toilet Blocks for Girls                             | 01                  | 24 Sq.mts   | <i>1</i> | <i>24</i>       |            |
| 5   | Drinking Water facility – Water Cooler (Essential). | 01                  | -   | 3        | available       |            |
| 6   | Boy's Hostel (Desirable)                            | 01                  | 9 Sq .mts / Room<br>Single occupancy                                      |          | proposed        |            |
| 7   | Girl's Hostel (Desirable)                           | 01                  | 9 Sq .mts / Room (single occupancy)<br>20 Sqmts / Room (triple occupancy) |          | proposed        |            |
| 8   | Power Backup Provision (Desirable)                  | 01                  |   | <i>1</i> | <i>50 KVA</i>   |            |

#### 8. Computer and other Facilities:

| Name                             | Required                         | Available |                 | Remarks of the Inspectors |
|----------------------------------|----------------------------------|-----------|-----------------|---------------------------|
|                                  |                                  | No.       | Area in Sq. mts |                           |
| Computer Room for B.Pharm Course | 01<br>(Area 75 Sqmts)            | <i>1</i>  | <i>75</i>       |                           |
| Computer (Latest Configuration)  | 1 system for every 10 students   | 24        | yes             |                           |
| Printers                         | 1 printer for every 10 computers | 3         | yes             |                           |
| Multi Media Projector            | 01                               | <i>01</i> | yes             |                           |
| Generator (5KVA)                 | 01                               | <i>01</i> | <i>(50 KVA)</i> |                           |

Signature of the Head of the Institution

Signature of the Inspectors

### 9. Amenities (Desirable)

| Name                                | Requirement as per Norms in area | Available |                 | Remarks/ Deficiency |
|-------------------------------------|----------------------------------|-----------|-----------------|---------------------|
|                                     |                                  | No.       | Area in Sq. mts |                     |
| Principal quarters                  | 80 Sq. mts                       | Nil       | proposed        |                     |
| Staff quarters                      | 16 x 80 Sq. mts                  | Nil       | proposed        |                     |
| Canteen                             | 100 Sq. mts                      | 1         | 150             |                     |
| Parking Area for staff and students |                                  | 1         | available       |                     |
| Bank Extension Counter              |                                  | Nil       | proposed        |                     |
| Co operative Stores                 |                                  | 1         | available       |                     |
| Guest House                         | 80 Sq. mts                       | 1         | available       |                     |
| Auditorium                          |                                  | 1         | available       |                     |
| Seminar hall                        |                                  | 1         | available       |                     |
| Transport Facilities for students   |                                  | Yes       | available       |                     |
| Medical Facility (First Aid)        |                                  | Yes       | 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                           | Numbers        |                           |
| 1       | Number of books  | 150         | 1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy | 155                             | 1570           |                           |
| 2       | Annual addition of books                                   |             | 150 books per year  | NA                              | New Institute  |                           |
| 3       | Periodicals<br>Hard copies / online                        |             | 10 National<br>05 International periodicals   | 10 National<br>05 International |                |                           |
| 4       | CDS  |             | Adequate Nos  | Available                       |                |                           |
| 5       | Internet Browsing Facility                                 |             | Yes/No<br>(Minimum ten computers)   | Yes                             | 15             |                           |
| 6       | Reprographic Facilities:<br>Photo Copier<br>Fax<br>Scanner |             | 01<br>01<br>01  | Yes<br>No<br>Yes                | 01<br>01<br>01 |                           |
| 7       | Library Automation and Computerized System                 |             |   | Yes                             |                |                           |
| 8       | Library Timings  |             |   | 10:00 am to 4:00 pm             |                |                           |

For details of books and journals

Signature of the Head of the Institution

Signature of the Inspectors

**10. B Subject wise Classification:**

| Sl. No | Subject                                 | Available |         | Remark of the Inspectors |
|--------|---|-----------|---------|--------------------------|
|        |   | Titles    | Numbers |                          |
| 1      | Pharmaceutics–I                         | 12        | 186     |                          |
| 2      | Pharmaceutical Chemistry–I              | 15        | 200     |                          |
| 3      | Pharmacognosy                           | 15        | 183     |                          |
| 4      | Biochemistry and Clinical Pathology     | 14        | 54      |                          |
| 5      | Human Anatomy and Physiology            | 14        | 70      |                          |
| 6      | Health Education and Community Pharmacy | 12        | 97      |                          |
| 7      | Pharmaceutics–II                        | 13        | 161     |                          |
| 8      | Pharmaceutical Chemistry–II             | 10        | 84      |                          |
| 9      | Pharmacology and Toxicology             | 10        | 219     |                          |
| 10     | Pharmaceutical Jurisprudence            | 14        | 54      |                          |
| 11     | Drug Store and Business Management      | 13        | 94      |                          |
| 12     | Hospital and Clinical Pharmacy          | 10        | 138     |                          |
| 13     |   | 3         | 30      |                          |
|        | total                                   | 155       | 1570    |                          |

**10. C. Library Staff:**

| Sl. No. | Staff               | Qualification | Required | Available | Remarks of the Inspectors |
|---------|---------------------|---------------|----------|-----------|---------------------------|
| 1       | Librarian           | M. Lib        | 1        | <b>1</b>  |                           |
| 2       | Assistant Librarian | D. Lib        | 1        | <b>1</b>  |                           |
| 3       | Library Attenders   | 10 +2 / PUC   | 2        | <b>2</b>  |                           |

Signature of the Head of the Institution

Signature of the Inspectors

### PART III ACADEMIC REQUIREMENTS

#### Course Curriculum:

1. Student Staff Ratio:      Theory      Practicals      Remarks of the Inspectors

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

| Class    | Theory | Practicals | Remarks of the Inspectors |
|----------|--------|------------|---------------------------|
| B. Pharm | 60:1   | 20:1       |                           |
| D. Pharm | 60:1   | 20:1       |                           |

2. Scheme of B. Pharm Course:      Annual      ☐      Semester      ☒

3. Date of Commencement of B. Pharm Sem. 1 & II:

| Commencement | Completion |
|--------------|------------|
| 01.08.2017   | 30.05.2018 |

4. Vacation for B. Pharm:

| No of Days                              | No of Days                              |
|---|---|
| Summer: <input type="text" value="20"/> | Winter: <input type="text" value="10"/> |

5. Total No. of working days:

6. Date of Commencement of session for D. PHARM:

| Commencement | Completion |
|--------------|------------|
| 01.08.2017   | 30.05.2018 |

7. Vacation for D.PHARM:

| No of Days                              | No of Days                              |
|---|---|
| Summer: <input type="text" value="20"/> | Winter: <input type="text" value="10"/> |

8. Total Number of working days for D.PHARM:

9. Time Table copy Enclosed:      Not applicable      for      2017-18  
(Tick✓)

a. B. Pharm course      Yes       No

b. D. Pharm Course      Not applicable      for      2017-18  
Yes       No

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**10. Whether the prescribed numbers of classes are being conducted as per university norms**

**B. Pharm Semester-I Not applicable for 2017-18**

| Subject              | No of Theory Classes |                       | Practical's            |                       |   | 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                     |   |                           |
| HAP-I                |                      |                       |                        |                       |   |                           |
| Pharm Anal-I         |                      |                       |                        |                       |   |                           |
| Pharmaceutics-I      |                      |                       |                        |                       |   |                           |
| Pharm Inorg Chem.I   |                      |                       |                        |                       |   |                           |
| Remedial Bio         |                      |                       |                        |                       |   |                           |
| Remedial Math        |                      |                       |                        |                       |   |                           |
| Communication Skills |                      |                       |                        |                       |   |                           |

**B. Pharm Semester-II**

| 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                     |   |                           |
| HAP-II                            |                      |                       |                        |                       |   |                           |
| Pharm Org. Chem-I                 |                      |                       |                        |                       |   |                           |
| Biochemistry                      |                      |                       |                        |                       |   |                           |
| Pathophysiology                   |                      |                       |                        |                       |   |                           |
| Computers Application in Pharmacy |                      |                       |                        |                       |   |                           |
| Environment Science               |                      |                       |                        |                       |   |                           |
| Communication Skills              |                      |                       |                        |                       |   |                           |

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### III B. Pharm: Not Applicable

| Subject        | No of Theory Classes      |                            | Practical's                 |                            |  | Remarks of the Inspectors |
|----------------|---------------------------|----------------------------|-----------------------------|----------------------------|--|---------------------------|
|                | Prescribed No of Hrs<br>2 | No of Hours Conducted<br>3 | Prescribed No of Hours<br>4 | No of Hours Conducted<br>5 | No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5<br>No. of classes x hours per class |                           |
| 1              |                           |                            |                             |                            |  |                           |
| Not Applicable |                           |                            |                             |                            |  |                           |

### IV B. Pharm: Not Applicable

| Subject        | No of Theory Classes      |                            | Practical's                 |                            |  | Remarks of the Inspectors |
|----------------|---------------------------|----------------------------|-----------------------------|----------------------------|--|---------------------------|
|                | Prescribed No of Hrs<br>2 | No of Hours Conducted<br>3 | Prescribed No of Hours<br>4 | No of Hours Conducted<br>5 | No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5<br>No. of classes x hours per class |                           |
| 1              |                           |                            |                             |                            |  |                           |
| Not Applicable |                           |                            |                             |                            |  |                           |

### 11. Whether the prescribed numbers of classes are being conducted as per PCI norms : Not Applicable

| Class / Subject                         | Theory                 |                       | Practicals             |                       |                          |                         | Remarks of the inspector |
|---|------------------------|-----------------------|------------------------|-----------------------|--------------------------|-------------------------|--------------------------|
|   | Prescribed No of Hours | No of Hours Conducted | Prescribed no of Hours | No of Hours Conducted | Prescribed no of Classes | No of Classes Conducted |                          |
| <b>I D. Pharm</b>                       |                        |                       |                        |                       |                          |                         |                          |
| Pharmaceutics – I                       |                        |                       |                        |                       |                          |                         |                          |
| Pharmaceutical Chemistry – I            |                        |                       |                        |                       |                          |                         |                          |
| Pharmacognosy                           |                        |                       |                        |                       |                          |                         |                          |
| Biochemistry and Clinical Pathology     |                        |                       |                        |                       |                          |                         |                          |
| Human Anatomy and Physiology            |                        |                       |                        |                       |                          |                         |                          |
| Health Education and Community Pharmacy |                        |                       |                        |                       |                          |                         |                          |
| <b>II D. Pharm</b>                      |                        |                       |                        |                       |                          |                         |                          |
| Pharmaceutics – II                      |                        |                       |                        |                       |                          |                         |                          |
| Pharmaceutical Chemistry – II           |                        |                       |                        |                       |                          |                         |                          |

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|                                    |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|
| Pharmacology and                   |  |  |  |  |  |  |
| Toxicology                         |  |  |  |  |  |  |
| Pharmaceutical Jurisprudence       |  |  |  |  |  |  |
| Drug Store and Business Management |  |  |  |  |  |  |
| Hospital and Clinical Pharmacy     |  |  |  |  |  |  |

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

NA

**13. Number of Guest Lectures / Seminars / Workshops / Symposia / Presentations conducted during last years. :**

**A.**

| Name of the Event | *Year 2017-18 | Year 2016-17 | Year 2015-16          | Year 2014-15 |
|-------------------|---------------|--------------|-----------------------|--------------|
| Guest Lectures    |               |              | <i>Not Applicable</i> |              |
| Seminars          |               |              |                       |              |
| Workshops         |               |              |                       |              |
| Symposia          |               |              |                       |              |

\*Planned for the current session

**B. Papers Presented / Published during last three years: *Not Applicable***

|           | Year 2016-17 |               | Year 2015-16          |               | Year 2014-15 |               |
|-----------|--------------|---------------|-----------------------|---------------|--------------|---------------|
|           | National     | International | National              | International | National     | International |
| Published |              |               | <i>Not Applicable</i> |               |              |               |
| Presented |              |               |                       |               |              |               |

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**14. Whether Internal Assessments are conducted periodically as per university norms: NA**

Yes

No

| Class                        | *I Sessional Dates<br>DD/MM/YY |            | *II Sessional Dates<br>DD/MM/YY |            | III Sessional Dates<br>DD/MM/YY |            | Remarks of the<br>Inspectors |
|------------------------------|--------------------------------|------------|---------------------------------|------------|---------------------------------|------------|------------------------------|
|                              | Theory                         | Practicals | Theory                          | Practicals | Theory                          | Practicals |                              |
| B. Pharm Sem-1               |                                |            |                                 |            |                                 |            |                              |
| B. Pharm Sem-II              |                                |            |                                 |            |                                 |            |                              |
| B. Pharm<br>Semester III-VII |                                |            |                                 |            |                                 |            |                              |
| I D. Pharm                   |                                |            |                                 |            |                                 |            |                              |
| II D. Pharm                  |                                |            |                                 |            |                                 |            |                              |

**5. Whether Evaluation of the internal assessments is Fair :** Yes

☒

No

☐

| Class                                 | No. of Candidates<br>scored more than<br>80% |    | No. of Candidates<br>scored between<br>60 - 80% |    | No. of Candidates<br>scored between<br>50 - 60% |    | No. of<br>Candidates<br>Less than 50% |    | Remarks of<br>the<br>Inspectors |
|---------------------------------------|--|----|---|----|---|----|---------------------------------------|----|---------------------------------|
|                                       | Th   | Pr | Th  | Pr | Th  | Pr | Th                                    | Pr |                                 |
| <b>I B.Pharm</b>                      |  |    |   |    |   |    |                                       |    |                                 |
| Human<br>Anatomy and<br>Physiology I  |  |    |   |    |   |    |                                       |    |                                 |
| Pharm Anal-<br>I                      |  |    |   |    |   |    |                                       |    |                                 |
| Pharmaceutic<br>s-I                   |  |    |   |    |   |    |                                       |    |                                 |
| Pharm Inorg<br>Chem.I                 |  |    |   |    |   |    |                                       |    |                                 |
| Remedial<br>Biology                   |  |    |   |    |   |    |                                       |    |                                 |
| Remedial<br>Math                      |  |    |   |    |   |    |                                       |    |                                 |
| Communicat<br>ion Skills              |  |    |   |    |   |    |                                       |    |                                 |
|                                       |  |    |   |    |   |    |                                       |    |                                 |
| <b>II B.Pharm</b>                     |  |    |   |    |   |    |                                       |    |                                 |
| Human<br>Anatomy and<br>Physiology II |  |    |   |    |   |    |                                       |    |                                 |
| Pharm Org.<br>Chem-I                  |  |    |   |    |   |    |                                       |    |                                 |
| Biochemistr<br>y                      |  |    |   |    |   |    |                                       |    |                                 |

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|                                   |  |  |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|--|
| Pathophysiology                   |  |  |  |  |  |  |  |  |  |
| Computers Application in Pharmacy |  |  |  |  |  |  |  |  |  |
| Environment Sciences              |  |  |  |  |  |  |  |  |  |
| Communication skills              |  |  |  |  |  |  |  |  |  |
| III B.Pharm                       |  |  |  |  |  |  |  |  |  |
| IV B.Pharm                        |  |  |  |  |  |  |  |  |  |

16. Whether Evaluation of the internal assessments is Fair : Yes ☐ No ☐ Not applicable ☐

| 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  | Not applicable                         |    |   |    |   |    |                                 |    |                           |
|             |  |    |   |    |   |    |                                 |    |                           |
| II D. Pharm |  |    |   |    |   |    |                                 |    |                           |

17. Work load of Faculty members for D. Pharma and B. Pharm:

| 17. Work load of Faculty members for B. Pharm and D. Pharm. |                     |                             |                      |    |    |    |     |    |    |    |                 |                          |
|---|---------------------|-----------------------------|----------------------|----|----|----|-----|----|----|----|-----------------|--------------------------|
| Sl.No   | Name of the Faculty | Subjects taught             | B.Pharm & D. Pharm.) |    |    |    |     |    |    |    | Total work load | Remarks of the Inspector |
|   |                     |                             | I                    |    | II |    | III |    | IV |    |                 |                          |
|   |                     |                             | Th                   | Pr | Th | Pr | Th  | Pr | Th | Pr |                 |                          |
| 1   |                     | Pharm Inorganic Chemistry   |                      |    |    |    |     |    |    |    |                 |                          |
|   |                     | Pharmaceutical Chemistry-I  |                      |    |    |    |     |    |    |    |                 |                          |
|   |                     | Pharmacognosy               |                      |    |    |    |     |    |    |    |                 |                          |
| 2   |                     | Physical Pharmacy           |                      |    |    |    |     |    |    |    |                 |                          |
|   |                     | Pharmaceutics-I             |                      |    |    |    |     |    |    |    |                 |                          |
| 3   |                     | Pharmaceutical Microbiology |                      |    |    |    |     |    |    |    |                 |                          |
|   |                     | Pharmaceutics-I             |                      |    |    |    |     |    |    |    |                 |                          |
| 4   |                     | Pharmaceutical Engineering  |                      |    |    |    |     |    |    |    |                 |                          |
|   |                     | Pharmaceutics-I             |                      |    |    |    |     |    |    |    |                 |                          |

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|----|--|---|--|--|--|--|--|--|--|--|--|--|
| 5  |  | Pharm Inorganic Chemistry               |  |  |  |  |  |  |  |  |  |  |
|    |  | Pharmaceutical Organic Chemistry-II     |  |  |  |  |  |  |  |  |  |  |
|    |  | Biochemistry and clinical Pathology     |  |  |  |  |  |  |  |  |  |  |
| 6  |  | Pharm. Analysis-I                       |  |  |  |  |  |  |  |  |  |  |
|    |  | Pharm Inorganic Chemistry               |  |  |  |  |  |  |  |  |  |  |
|    |  | Biochemistry and clinical Pathology     |  |  |  |  |  |  |  |  |  |  |
| 7  |  | Pharm Inorganic Chemistry               |  |  |  |  |  |  |  |  |  |  |
|    |  | Pharmaceutical Chemistry-I              |  |  |  |  |  |  |  |  |  |  |
|    |  | Biochemistry and clinical Pathology     |  |  |  |  |  |  |  |  |  |  |
| 8  |  | Pharmaceutics-I                         |  |  |  |  |  |  |  |  |  |  |
| 9  |  | HAP-I                                   |  |  |  |  |  |  |  |  |  |  |
|    |  | Remedial Biology                        |  |  |  |  |  |  |  |  |  |  |
| 10 |  | Remedial Mathematics                    |  |  |  |  |  |  |  |  |  |  |
| 11 |  | Communication skills                    |  |  |  |  |  |  |  |  |  |  |
| 13 |  | Human Anatomy & Physiology              |  |  |  |  |  |  |  |  |  |  |
|    |  | Health Education and Community Pharmacy |  |  |  |  |  |  |  |  |  |  |
| 14 |  | Computer Applications                   |  |  |  |  |  |  |  |  |  |  |

#### 18. Work load of Faculty members for B. Pharm:

| 16. Work load of Faculty members for B. Pharm. |                     |                           |         |    |    |    |     |    |    |    |                 |                          |
|--|---------------------|---------------------------|---------|----|----|----|-----|----|----|----|-----------------|--------------------------|
| 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 |                 |                          |
| 1  |                     | Pharm Inorganic Chemistry |         |    |    |    |     |    |    |    |                 |                          |

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|    |  |                                     |  |  |  |  |  |  |  |  |  |  |
|----|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|
| 2  |  | Physical Pharmacy                   |  |  |  |  |  |  |  |  |  |  |
| 3  |  | Pharmaceutical Microbiology         |  |  |  |  |  |  |  |  |  |  |
| 4  |  | Pharmaceutical Engineering          |  |  |  |  |  |  |  |  |  |  |
| 5  |  | Pharm Inorganic Chemistry           |  |  |  |  |  |  |  |  |  |  |
|    |  | Pharmaceutical Organic Chemistry-II |  |  |  |  |  |  |  |  |  |  |
| 6  |  | Pharm. Analysis-I                   |  |  |  |  |  |  |  |  |  |  |
|    |  | Pharm Inorganic Chemistry           |  |  |  |  |  |  |  |  |  |  |
| 7  |  | Pharm Inorganic Chemistry           |  |  |  |  |  |  |  |  |  |  |
| 8  |  | Pharmaceutics-I                     |  |  |  |  |  |  |  |  |  |  |
| 9  |  | HAP-I                               |  |  |  |  |  |  |  |  |  |  |
|    |  | Remedial Biology                    |  |  |  |  |  |  |  |  |  |  |
| 10 |  | Remedial Mathematics                |  |  |  |  |  |  |  |  |  |  |
| 11 |  | Communication skills                |  |  |  |  |  |  |  |  |  |  |
| 12 |  | Computer Applications               |  |  |  |  |  |  |  |  |  |  |

#### 19. Workload of Faculty members for D. Pharm:

| 13: Workload of Faculty members for D. Pharm. |                     |   |          |    |         |    |                |                          |
|---|---------------------|---|----------|----|---------|----|----------------|--------------------------|
| Sl.No   | Name of the Faculty | Subjects taught                         | D. Pharm |    |         |    | Total workload | Remarks of the Inspector |
|   |                     |   | ID. Ph   |    | IID. Ph |    |                |                          |
|   |                     |   | Th       | Pr | Th      | Pr |                |                          |
| 1.  |                     | Pharmaceutical Chemistry-I              |          |    |         |    |                |                          |
|   |                     | Biochemistry and clinical Pathology     |          |    |         |    |                |                          |
| 2.  |                     | Human Anatomy & Physiology              |          |    |         |    |                |                          |
|   |                     | Health Education and Community Pharmacy |          |    |         |    |                |                          |

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|    |  |                                     |  |  |  |  |  |  |
|----|--|-------------------------------------|--|--|--|--|--|--|
| 3. |  | Pharmaceutics-I                     |  |  |  |  |  |  |
| 4. |  | Pharmaceutics-I                     |  |  |  |  |  |  |
| 5. |  | Pharmaceutics-I                     |  |  |  |  |  |  |
| 6. |  | Pharmaceutical Chemistry-I          |  |  |  |  |  |  |
|    |  | Pharmacognosy                       |  |  |  |  |  |  |
| 7. |  | Biochemistry and clinical Pathology |  |  |  |  |  |  |
| 8. |  | Biochemistry and clinical Pathology |  |  |  |  |  |  |

**20. Percentage of students qualified in GATE in the last Three Years : N.A**

| Details                   | Year 2017-18          | Year 2016-17 | Year 2015-16 |
|---------------------------|-----------------------|--------------|--------------|
| No. of Students Appeared  | <i>Not Applicable</i> |              |              |
| No. of Students Qualified |                       |              |              |
| Percentage                |                       |              |              |

**21. Whether the Institution has an Industry – Institution Interaction cell**    Yes    No    ☐

**If applicable please give the details for the previous Year : *Not Applicable***

| 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                  |                               |

**22. Percentage of students Placed through the College Placement Cell in the Last Three Years : N.A**

| Year  | Year 200-                | Year 200- | Year 200- |
|---|--------------------------|-----------|-----------|
| No. of students appeared for campus interview | <i>Not Applicable as</i> |           |           |
| % Placed                                      |                          |           |           |

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

|  |  |
|--|--|
|  |  |
|--|--|

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## PART IV - PERSONNEL

### TEACHING STAFF:

**1. Details of Teaching Faculty for D. Pharm and B. Pharm Course to be enclosed in the format mentioned below: Annexer-**

| 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            |                                |                          |                           |
| 1     | Dr. M. M. Abdullah | Director      | M. Pharm PhD  | 28.05.2018      | 13years             | 12970                          |                          |                           |
| 2     | Dinesh Kumar       | Assit. Prof.  | M. Pharm      | 01.06.2018      | 5 years             | 57479                          |                          |                           |
| 3     | Imran A. Khan      | Assist. Prof. | M. Pharm      | 21.05.2018      | 5years              | 34666                          |                          |                           |
| 4     | Nidhi Tyagi        | Assist. Prof. | M. Pharm      | 01.06.2018      | Fresh               | 66555                          |                          |                           |
| 5     | Amit Kumar         | Assist. Prof. | M. Pharm      | 01.06.2018      | 9 Month             | 74945                          |                          |                           |
| 6     | Pankaj Bhatt       | Assist. Prof  | M. Pharm      | 07.06.2018      | 5 years             | 09077                          |                          |                           |
| 7     | Rachna Gaytri      | Lecturer      | B.Pharm       | 01.06.2018      | 2 Years             | 76220                          |                          |                           |
| 8     | Mohsin             | Lecturer      | B.Pharm       | 01.06.2018      | 2 Years             | 78179                          |                          |                           |
| 9     | Shahzad Anwar      | Lecturer      | B.Pharm       | 01.06.2018      | 2 Years             | 36249                          |                          |                           |
| 10    |                    |               |               |                 |                     |                                |                          |                           |
| 11    |                    |               |               |                 |                     |                                |                          |                           |
| 12    |                    |               |               |                 |                     |                                |                          |                           |
| 13    |                    |               |               |                 |                     |                                |                          |                           |

**2. 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            |                                |                          |                           |
| 1     |      |             |               |                 |                     |                                |                          |                           |

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### 3. 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 PG            |                                |                          |                           |
| 1     |      |             |               |                 |                     |                                |                          |                           |

### 4. Qualification and number of Staff Members

| Qualification |    |         |    |     |   |        |           |
|---------------|----|---------|----|-----|---|--------|-----------|
| B.Pharm       |    | M.Pharm |    | PhD |   | Others |           |
|               |    |         |    |     |   |        | Part Time |
| 03            | 03 | 05      | 05 | 01  | 0 |        | 03        |

### 5. 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 inspection team |
|--|------------------|-----------------------------|-----------------------------|----------------------------|
| Department of Pharmaceutics  | Professor        | 1                           | 00                          |                            |
|  | Asst. Professor  | 1                           | 02                          |                            |
|  | Lecturer         | 2                           | 01                          |                            |
| Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis) | Professor        | 1                           | 01                          |                            |
|  | Asst. Professor  | 1                           | 01                          |                            |
|  | Lecturer         | 3                           | 01                          |                            |
| Department of Pharmacology   | Professor        | 1                           | 00                          |                            |
|  | Asst. Professor  | 1                           | 02                          |                            |
|  | Lecturer         | 2                           | 00                          |                            |
| Department of Pharmacognosy  | Professor        | 1                           | 00                          |                            |
|  | Asst. Professor  | 1                           | 00                          |                            |
|  | Lecturer         | 1                           | 01                          |                            |

### 6. Teaching Staff required year wise exclusively for B.Pharm for intake of 60 Students.

|                          | No. of staff required for I<br>*B.Pharm | Available | No. of staff required for II<br>B.Pharm | Available | No. of staff required for III<br>B.Pharm | Available | No. of staff required for IV<br>B.Pharm | Available |
|--------------------------|---|-----------|---|-----------|--|-----------|---|-----------|
| Principal                | 1                                       | 1         |   |           |  |           |   |           |
| Pharmaceutical Chemistry | 1                                       | 1         | N<br>A                                  |           |  |           |   |           |
| Pharmaceutical Analysis  | 1                                       | 1         |   |           |  |           |   |           |
| Pharmacology             | 1                                       | 2         |   |           |  |           |   |           |
| Pharmacognosy            | 1                                       | NA        |   |           |  |           |   |           |
| Pharmaceutics            | 1                                       | 1         |   |           |  |           |   |           |
| Total                    | 6                                       | 6         |   |           |  |           |   |           |
| Part time teaching Staff |   |           |   |           |  |           |   |           |

|                                |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|
| Remarks of the Inspection Team |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|

**\*Part time teaching staff or Mathematics, Biology and Computer Science should be appointed.**

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

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

**8. Details of Faculty Retention for: *Not Applicable***

| Name of Faculty Member | Period                        | %                        |
|------------------------|-------------------------------|--------------------------|
|                        | Duration of 15 yrs. and above | <i>Not Applicable as</i> |
|                        | Duration of 10 yrs. and above |                          |
|                        | Duration of 5 yrs. and above  |                          |
|                        | Less than 5 yrs.              |                          |

**9. Details of Faculty Turnover: *Not Applicable***

| Name of Faculty Member | Period | More than 50% | 50% | 25% | Less than 25% |
|------------------------|--------|---------------|-----|-----|---------------|
|                        |        |               |     |     |               |

Signature of the Head of the Institution

Signature of the Inspectors

**10. Number of Non-teaching staff available for D. Pharm and B. Pharm course for intake of 60 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          |                                |
| 2       | Laboratory Assistants / Attenders | 1 for each Lab (minimum) | SSLC                                | 4           | SSLC, BSc.    |                                |
| 3       | Office Superintendent             | 1                        | Degree                              | 1           | Degree        |                                |
| 4       | Accountant                        | 1                        | Degree                              | 1           | Degree        |                                |
| 5       | Store keeper                      | 1                        | D. Pharm/ Degree                    | 1           | Degree        |                                |
| 6       | Computer Data Operator            | 1                        | BCA / Graduate with Computer Course | 1           | MCA           |                                |
| 7       | Office Staff I                    | 1                        | Degree                              | 1           | Degree        |                                |
| 8       | Office Staff II                   | 2                        | Degree                              | 1           | Degree        |                                |
| 9       | Peon                              | 2                        | SSLC                                | 2           | SSLC          |                                |
| 10      | Cleaning personnel                | Adequate                 | ---                                 | Out Sourced |               |                                |
| 11      | Gardener                          | Adequate                 | ---                                 | Out Sourced |               |                                |

Signature of the Head of the Institution

Signature of the Inspectors



**11. 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 |             |        |             |       |           |
|        |      |               |             |               |        |         |         |                     |            |     |     |             |        |             |       |           |

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

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

Yes

☒

No

☐

**15. Gratuity Provided**

Yes

☒

No

☐

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

| Sl<br>No | Name | Designation | Qualification | Date of<br>Joining | Experience | Signature | Remarks of the<br>Inspectors |
|----------|------|-------------|---------------|--------------------|------------|-----------|------------------------------|
|          |      |             |               |                    |            |           |                              |

**17. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. *Yes***

**Signature of the Head of the Institution**

**17**

**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.     | Acquaintance 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)

| Sl  | Expenditure in Rs.<br>For the current session -2015-16 |           |                  | Expenditure in Rs.<br>For the session -2016-17 |           |                  | Expenditure in Rs.<br>For the session 2017-18 |           |                  | Remarks of<br>the<br>Inspectors* |
|-----|--|-----------|------------------|--|-----------|------------------|---|-----------|------------------|----------------------------------|
| No. | Total<br>budget<br>sanctioned                          | Recurring | Non<br>Recurring | Total<br>budget<br>sanctioned                  | Recurring | Non<br>Returning | Total<br>budget<br>sanctioned                 | Recurring | Non<br>Returning |                                  |
| 1   |  |           |                  |  |           |                  | NA  |           |                  |                                  |

\* In process

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

| Sl  | Expenditure in Rs.<br>For the current session -2015-16 |            |          | Expenditure in Rs.<br>For the session -2016-17 |            |          | Expenditure in For the<br>session -2017-18 | Remarks of<br>the<br>Inspectors* |
|-----|--|------------|----------|--|------------|----------|--|----------------------------------|
| No. | Total<br>budget<br>allocated                           | Sanctioned | Incurred | Total<br>budget<br>allocated                   | Sanctioned | Incurred | 50000<br><br>50000<br><br>26804            |                                  |
|     | Chemicals  |            |          | 100000   | 100000     | 94527    |  |                                  |
|     | Glassware  |            |          | 120000   | 120000     | 120090   |  |                                  |

### 3. Total amount spent on equipments for the past three years:

(Enclose purchase invoice)

| Sl  | Expenditure in Rs.<br>For the current session -2015-16 |            |          | Expenditure in Rs.<br>For the session -2016-17 |            |          | Expenditure in Rs.<br>For the session -2017-18 | Remarks of<br>the<br>Inspectors* |
|-----|--|------------|----------|--|------------|----------|--|----------------------------------|
| No. | Total<br>budget<br>allocated                           | Sanctioned | Incurred | Total<br>budget<br>allocated                   | Sanctioned | Incurred | 0000   |                                  |
|     | Equipment  |            |          | Equipment                                      | 800000     | 801008   |  |                                  |

Signature of the Head of the Institution

Signature of the Inspectors

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

| <b>S.<br/>No.</b> | <b>Expenditure in Rs.<br/>For the current session -2015-16</b> |                   |                  | <b>Expenditure in Rs.<br/>For the session -2016-17</b> |                   |                 | <b>Expenditure in Rs.<br/>For the session -2017-18</b> | <b>Remarks of<br/>the<br/>Inspectors*</b> |
|-------------------|--|-------------------|------------------|--|-------------------|-----------------|--|---|
|                   | <b>Total<br/>budget<br/>allocated</b>                          | <b>Sanctioned</b> | <b>Incurred*</b> | <b>Total<br/>budget<br/>allocated</b>                  | <b>Sanctioned</b> | <b>Incurred</b> |  |   |
| <b>1</b>          | <b>Books</b>   |                   | ----             | <b>Books</b>   | 400000            | 000             | 402460   |   |
| <b>2</b>          | <b>Journals</b>  |                   | -----            | <b>Journals</b>  | 15000             | 0000            | 17149  |   |

**\*In Process**

**Signature of the Head of the Institution**

**20**

**Signature of the Inspectors**

## PART VII – EQUIPMENT AND APPARATUS

**Note: inspectors are requested to note that items which are marked with an asterisk (\*) are common for both B.Pharm and D.Pharm**

### I-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   | 05                    | 05             | Yes            |                           |
| 2       | Conical Percolator  | 05                    | 05             | Yes            |                           |
| 3       | Tincture Press  | 01                    | 01             | Yes            |                           |
| 4       | Hand Grinding Mill  | 01                    | 01             | Yes            |                           |
| 5       | Disintegrator*  | 01                    | 01             | Yes            |                           |
| 6       | Ball mill*  | 01                    | 01             | Yes            |                           |
| 7       | Hand operated Tablet machine  | 01                    | 01             | Yes            |                           |
| 8       | Tablet Coating Pan unit with hot air blower laboratory size*                | 01                    | 01             | Yes            |                           |
| 9       | Polishing pan laboratory size   | 01                    | 01             | Yes            |                           |
| 10      | Monsanto's hardness tester  | 01                    | 01             | Yes            |                           |
| 11      | Pfizer type hardness tester   | 01                    | 01             | Yes            |                           |
| 12      | Tablet disintegration test apparatus*                                       | 01                    | 01             | Yes            |                           |
| 13      | Tablet dissolution test apparatusIP*  | 01                    | 01             | Yes            |                           |
| 14      | Granulating sieve set   | 10                    | 10             | Yes            |                           |
| 15      | Tablet counter–small size   | 05                    | 05             | Yes            |                           |
| 16      | Friability tester*  | 01                    | 01             | Yes            |                           |
| 17      | Collapsible tube–Filling and sealing equipment*                             | 01                    | 01             | Yes            |                           |
| 18      | Capsule filling machine–Labsize*  | 01                    | 01             | Yes            |                           |
| 19      | Digital balance*  | 01                    | 01             | Yes            |                           |
| 20      | Distillation unit for distilled water                                       | 02                    | 01             | Yes            |                           |
| 21      | Deionisation unit   | 01                    | 01             | Yes            |                           |
| 22      | Glass distillation unit for water for                                       | 01                    | 01             | Yes            |                           |
| 23      | Ampoule washing machine   | 01                    | 01             | Yes            |                           |
| 24      | Ampoule filling and sealing   | 01                    | 01             | Yes            |                           |
| 25      | Sintered glass filters for bacteria proof filtration(four different grades) | Adequate              | 01 Set         | Yes            |                           |
| 26      | Millipore filter(3grades)   | Adequate              | 01 Set         | Yes            |                           |
| 27      | Autoclave*  | 01                    | 01             | Yes            |                           |
| 28      | Hot air sterilizer  | 01                    | 01             | Yes            |                           |
| 29      | Incubator   | 01                    | 01             | Yes            |                           |
| 30      | Aseptic cabinet   | 01                    | 01             | Yes            |                           |

|    |                                     |          |          |     |  |
|----|-------------------------------------|----------|----------|-----|--|
| 31 | Ampoule clarity test equipment*     | 01       | 01       | Yes |  |
| 32 | Blender                             | 01       |          | Yes |  |
| 33 | Sieveset (Pharmacopoeial standard)* | 02       | 05       | Yes |  |
| 34 | Lab Centrifuge                      | 01       | 01       | Yes |  |
| 35 | Ointments Slab                      | Adequate | 20       | Yes |  |
| 36 | Ointment spatula                    | Adequate | 10       | Yes |  |
| 37 | Pestle and mortar porcelain         | Adequate | 50       | Yes |  |
| 38 | Pestle and mortar glass             | Adequate | Adequate | Yes |  |
| 39 | Suppository moulds of three sizes   | Adequate | Adequate | Yes |  |
| 40 | Refrigerator                        | 01       | 01       | Yes |  |

**NOTE: Adequate number of glass ware commonly used in the laboratory should be provided in each laboratory and 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                           | 01                    | Yes                   |                                  |
| 2              | Polarimeter               | 01                           | 01                    | Yes                   |                                  |
| 3              | Photoelectric colorimeter | 01                           | 01                    | Yes                   |                                  |
| 4              | Phmeter*                  | 01                           | 01                    | Yes                   |                                  |
| 5              | Atomic modelset*          | 02                           | 02                    | Yes                   |                                  |
| 6              | Electronic balance*       | 01                           | 01                    | Yes                   |                                  |
| 7              | Periodic table chart*     | Adequate                     | 03                    | Yes                   |                                  |

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

## PHYSIOLOGY & PHARMACOLOGY LABORATORY

### Equipment:

| Sl. No. | Name   | Minimum required Nos. | Available Nos. | Working Yes/No | Remarks of the Inspectors |
|---------|--|-----------------------|----------------|----------------|---------------------------|
| 1       | Haemoglobinometer  | 20                    | 20             | Yes            |                           |
| 2       | Haemocytometer*  | 10                    | 10             | Yes            |                           |
| 3       | Student's organbath  | 01                    | 01             | Yes            |                           |
| 4       | Sherington's rotating drum*  | 01                    | 01             | Yes            |                           |
| 5       | Frog board   | Adequate              | 05             | Yes            |                           |
| 6       | Tray(dissecting)   | Adequate              | 07             | Yes            |                           |
| 7       | Frontal writing lever*   | Adequate              | 10             | Yes            |                           |
| 8       | Aeration tube*   | Adequate              | 11             | Yes            |                           |
| 9       | Tele thermometer   | 01                    | 01             | Yes            |                           |
| 10      | Pole climbing apparatus*   | 01                    | 01             | Yes            |                           |
| 11      | Histamine chamber  | 01                    | 01             | Yes            |                           |
| 12      | Simple lever*  | Adequate              | 10             | Yes            |                           |
| 13      | Sterling heart lever*  | Adequate              | Adequate       | Yes            |                           |
| 14      | Aerator*   | Adequate              | 05             | Yes            |                           |
| 15      | Histological Slides  | Adequate              | Adequate       | Yes            |                           |
| 16      | Sphygmomanometer*(B.P. apparatus)                                      | 05                    | 05             | Yes            |                           |
| 17      | Stethoscope*   | 05                    | 05             | Yes            |                           |
| 18      | Firstaid equipment   | Adequate              | 05             | Yes            |                           |
| 19      | Contraceptive device*  | Adequate              | 10             | Yes            |                           |
| 20      | Dissecting(surgical)instruments  | Adequate              | 01             | Yes            |                           |
| 21      | Balance for weighing small Animals                                     | 01                    | 01             | Yes            |                           |
| 22      | Kymograph paper  | Adequate              | Adequate       | Yes            |                           |
| 23      | Actophotometer*  | 01                    | 01             | Yes            |                           |
| 24      | Analgesiometer*  | 01                    | 01             | Yes            |                           |
| 25      | Thermometer  | Adequate              | Adequate       | Yes            |                           |
| 26      | Plastic animal cage  | Adequate              | Adequate       | Yes            |                           |
| 27      | Double unit organbath with thermostat                                  | 01                    | 01             |                |                           |
| 28      | Refrigerator   | 01                    | 01             | Yes            |                           |
| 29      | Digital balance  | 01                    | 01             | Yes            |                           |
| 30      | Charts   | Adequate              | Adequate       | Yes            |                           |
| 31      | Human skeleton*  | 01                    | 01             | Yes            |                           |
| 32      | Anatomical specimen (Heart, brain, eye, ear, reproductive system etc)* | 01 set                | 01 Set         | Yes            |                           |
| 33      | Electro-convulsiometer*  | 01                    | 01             | Yes            |                           |
| 34      | Stopwatch  | Adequate              | 05             | Yes            |                           |
| 35      | Clamp, bossheads, screwclips*  | Adequate              | Adequate       | Yes            |                           |
| 36      | Syme's Cannula*  | Adequate              | Adequate       | Yes            |                           |

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



**PHARMCOGNOSY LABORATORY****Equipment:**

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

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

**PHARMACY PRACTICE LABORATORY****Equipment:**

| Sl No. | Name  | Minimum required Nos. | Available Nos. | Working Yes/No | Remarks of the Inspectors |
|--------|---|-----------------------|----------------|----------------|---------------------------|
| 1      | Colorimeter   | 2                     | 02             | Yes            |                           |
| 2      | Microscope  | Adequate              | Adequate       | Yes            |                           |
| 3      | Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)                                   | Adequate              | Adequate       | Yes            |                           |
| 4      | Watch glass   | Adequate              | Adequate       | Yes            |                           |
| 5      | Centrifuge  | 1                     | 1              | Yes            |                           |
| 6      | Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities | Adequate              | Adequate       | Yes            |                           |
| 7      | Filtration equipment  | 2                     | 2              | Yes            |                           |
| 8      | Filling Machine   | 1                     | 1              | Yes            |                           |
| 9      | Sealing Machine   | 1                     | 1              | Yes            |                           |
| 10     | Autoclave sterilizer  | 1                     | 1              | Yes            |                           |
| 11     | Membrane filter   | 1Unit                 | 1Unit          | Yes            |                           |
| 12     | Sintered glass funnel with complete filtering assemble  | Adequate              | Adequate       | Yes            |                           |
| 13     | Small disposable membrane filter for IV admixture filtration  | Adequate              | Adequate       | Yes            |                           |
| 14     | Laminar air flow bench  | 1                     | 1              | Yes            |                           |
| 15     | Vacuum pump   | 1                     | 1              | Yes            |                           |
| 16     | Oven  | 1                     | 1              | Yes            |                           |
| 17     | Surgical dressing   | Adequate              | Adequate       | Yes            |                           |
| 18     | Incubator   | 1                     | 1              | Yes            |                           |
| 19     | PH meter  | 1                     | 1              | Yes            |                           |
| 20     | Disintegration test apparatus   | 1                     | 1              | Yes            |                           |
| 21     | Hardness tester   | 1                     | 1              | Yes            |                           |
| 22     | Centrifuge  | 1                     | 1              | Yes            |                           |
| 23     | Magnetic stirrer  | 1                     | 1              | Yes            |                           |
| 24     | Thermostatic bath   | 1                     | 1              | Yes            |                           |

**NOTE:** Adequate number of glass ware commonly used in the laboratory should be provided in each laboratory and 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.....Available
2. Display of popular patent medicines.....Available
3. Containers of common usage in medicines..... Available

## II Department wise list of minimum equipment's required for B. Pharm (for a batch of 20 students)

### DEPARTMENT OF HARMACOLOGY

#### Equipment:

| Sl. No. | Name   | Minimum required Nos.  | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|--|--|----------------|------------------|---------------------------|
| 1       | Microscopes*                                 | 15   | 15             | Yes              |                           |
| 2       | Haemocytometer with Micropipettes *          | 20   | 20             | Yes              |                           |
| 3       | Sahli's haemocytometer                       | 20   | 20             | Yes              |                           |
| 4       | Hutchinson's spirometer                      | 01   | 01             | Yes              |                           |
| 5       | Spygmomanometer*                             | 05   | 03             | Yes              |                           |
| 6       | Stethoscope *                                | 05   | 02             | Yes              |                           |
| 7       | Permanent Slides for various tissues         | One pair of each tissue<br>Organs and endocrine glands<br>One slide of each organ system | 50             | Yes              |                           |
| 8       | Models for various organs                    | One model of each organ system   | 08             | 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   | 03             | Yes              |                           |
| 11      | Different Contraceptive Devices and Models * | One set of each device   | Adequate       | 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              |                           |
| 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 | 05 | 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:**

| Sl. No. | Name  | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|---|-----------------------|----------------|------------------|---------------------------|
| 1       | Folin-Wu tubes                                    | 60                    | 60             | Yes              |                           |
| 2       | Dissection Tray and Boards *                      | 10                    | 02             | Yes              |                           |
| 3       | Haemostatic artery forceps                        | 10                    | 05             | Yes              |                           |
| 4       | Hypodermic syringes and needles of size 15,24,26G | 10                    | 100            | Yes              |                           |
| 5       | Levers, cannulae *                                | 20                    | 05             | 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 | 15                    | 15             | Yes              |                           |
| 2       | Digital Balance                  | 02                    | 02             | Yes              |                           |
| 3       | Autoclave                        | 02                    | 01             | Yes              |                           |
| 4       | Hot air oven                     | 02                    | 01             | 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              |                           |

|    |  |    |    |     |  |
|----|--|----|----|-----|--|
| 12 | Camera Lucida                              | 15 | 05 | Yes |  |
| 13 | Eye piece micrometer                       | 15 | 10 | Yes |  |
| 14 | Incinerator                                | 01 | 00 | NA  |  |
| 15 | Moisture balance                           | 01 | 01 | Yes |  |
| 16 | Heating mantle                             | 15 | 15 | Yes |  |
| 17 | Flourimeter                                | 01 | 01 | Yes |  |
| 18 | Vacuum pump                                | 02 | 01 | Yes |  |
| 19 | Micropipettes (Single and multi channeled) | 02 | 03 | 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                    | 05             | Yes              |                           |
| 4       | Soxhlet apparatus           | 10                    | 15             | Yes              |                           |
| 5       | TLC chamber and sprayer     | 10                    | 05             | Yes              |                           |
| 6       | 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              |                           |
| 4       | Analytical Balances for demonstration | 05                    | 05             | Yes              |                           |
| 5       | Digital balance 10mg sensitivity      | 10                    | 05             | Yes              |                           |
| 6       | Digital Balance (1mg sensitivity)     | 01                    | 01             | Yes              |                           |
| 7       | Suction pumps                         | 06                    | 02             | Yes              |                           |
| 8       | Muffle Furnace                        | 01                    | 01             | Yes              |                           |
| 9       | Mechanical Stirrers                   | 10                    | 06             | Yes              |                           |
| 10      | Magnetic Stirrers with Thermostat     | 10                    | 03             | 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  | 40                    | 60             | Yes              |                           |
| 5       | Arsenic Limit Test Apparatus                    | 20                    | 20             | Yes              |                           |
| 6       | Nessler's Cylinders                             | 40                    | 40             | 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                | 10                    | 04             | Yes              |                           |
| 2       | Homogenizer                        | 05                    | 02             | Yes              |                           |
| 3       | Digital balance                    | 05                    | 03             | Yes              |                           |
| 4       | Microscopes                        | 05                    | 05             | Yes              |                           |
| 5       | Stage and eye piece micrometers    | 05                    | 05             | Yes              |                           |
| 6       | Brookfield's viscometer            | 01                    | 01             | Yes              |                           |
| 7       | Tray dryer                         | 01                    | 00             | NA               |                           |
| 8       | Ball mill*                         | 01                    | 01             | Yes              |                           |
| 9       | Sieve shaker with sieve set*       | 01                    | 01             | Yes              |                           |
| 10      | Double cone blender                | 01                    | 01             | Yes              |                           |
| 11      | Propeller type mechanical agitator | 05                    | 01             | Yes              |                           |
| 12      | Autoclave *                        | 01                    | 01             | Yes              |                           |
| 13      | Steam distillation still           | 01                    | 02             | Yes              |                           |
| 14      | Vacuum Pump *                      | 01                    | 01             | Yes              |                           |

|    |   |               |    |     |  |
|----|---|---------------|----|-----|--|
| 15 | Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80            | 10 sets       | 05 | 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                           | 01            | 01 | Yes |  |
| 21 | Tablet dissolution test apparatus IP                              | 01            | 01 | Yes |  |
| 22 | Monsanto's hardness tester  | 01            | 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            | 01 | Yes |  |
| 29 | Magnetic stirrer, 500ml and 1 liter capacity with speed control * | 05 EACH<br>10 | 02 | Yes |  |
| 30 | Digital pH meter  | 01            | 01 | Yes |  |
| 31 | All purpose equipment with all accessories                        | 01            | 00 | NA  |  |
| 32 | Aseptic Cabinet   | 01            | 01 | Yes |  |
| 33 | BOD Incubator   | 02            | 01 | Yes |  |
| 34 | Bottle washing Machine  | 01            | 01 | Yes |  |
| 35 | Bottle Sealing Machine  | 01            | 01 | Yes |  |
| 36 | Bulk Density Apparatus  | 02            | 01 | Yes |  |
| 37 | Conical Percolator  | 10            | 10 | Yes |  |
| 38 | Capsule Counter   | 02            | 02 | Yes |  |
| 39 | Energy meter  | 02            | 01 | Yes |  |
| 40 | Hot Plate   | 02            | 02 | Yes |  |
| 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                   | 15                    | 20             | Yes              |                           |
| 2       | Stalagmometer                          | 15                    | 20             | Yes              |                           |
| 3       | Desiccator*                            | 05                    | 05             | Yes              |                           |
| 4       | Suppository moulds                     | 20                    | 20             | Yes              |                           |
| 5       | Buchner Funnels (Small, medium, large) | 05 each               | 05             | Yes              |                           |
| 6       | Filtration assembly                    | 01                    | 01             | Yes              |                           |
| 7       | Permeability Cups                      | 05                    | 05             | Yes              |                           |
| 8       | Andreason's Pipette                    | 03                    | 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 –Not Applicable in First year**

| Sl. No. | Name  | Minimum required Nos. | Available Nos. | Working Yes / No | Remarks of the Inspectors |
|---------|---|-----------------------|----------------|------------------|---------------------------|
| 1       | Orbital shaker incubator                      | 01                    |                |                  |                           |
| 2       | Lyophilizer (Desirable)                       | 01                    | -----          |                  |                           |
| 3       | Gel Electrophoresis (Vertical and Horizontal) | 01                    |                |                  |                           |
| 4       | Phase contrast/Trinocular Microscope          | 01                    |                |                  |                           |
| 5       | Refrigerated Centrifuge                       | 01                    |                |                  |                           |
| 6       | Fermenters of different capacity (Desirable)  | 01                    |                |                  |                           |
| 7       | Tissue culture station                        | 01                    |                |                  |                           |
| 8       | Laminar airflow unit                          | 01                    |                |                  |                           |
| 9       | Diagnostic Kits to identify infectious agents | 01                    |                |                  |                           |
| 10      | Rheometer                                     | 01                    |                |                  |                           |
| 11      | Viscometer                                    | 01                    |                |                  |                           |
| 12      | Micropipettes (Single and multi channelled)   | 01                    |                |                  |                           |
| 12      | Micropipettes (Single and multi channelled)   | 01                    |                |                  |                           |
| 13      | Sonicator                                     | 01                    |                |                  |                           |
| 14      | Respinometer                                  | 01                    |                |                  |                           |
| 15      | BOD Incubator                                 | 01                    |                |                  |                           |
| 16      | Paper Electrophoresis Unit                    | 01                    |                |                  |                           |
| 17      | Micro Centrifuge                              | 01                    |                |                  |                           |
| 18      | Incubator water bath                          | 01                    |                |                  |                           |
| 19      | Autoclave                                     | 01                    |                |                  |                           |
| 20      | Refrigerator                                  | 01                    |                |                  |                           |
| 21      | Filtration Assembly                           | 01                    |                |                  |                           |
| 22      | Digitl PH meter                               | 01                    |                |                  |                           |

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

**CENTRAL INSTRUMENTATION ROOM:**

| <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              | Colorimeter  | 01                           | 01                    | Yes                     |                                  |
| 2              | Digital Ph meter   | 01                           | 01                    | Yes                     |                                  |
| 3              | UV – Visible Spectrophotometer                               | 01                           | 00                    | NA                      |                                  |
| 4              | Fluorimeter  | 01                           | 00                    | NA                      |                                  |
| 5              | Digital Balance (1mg sensitivity)                            | 01                           | 01                    | Yes                     |                                  |
| 6              | Nephelo Turbidity meter                                      | 01                           | 00                    | NA                      |                                  |
| 7              | Flame Photometer   | 01                           | 00                    | NA                      |                                  |
| 8              | Potentiometer  | 01                           | 01                    | Yes                     |                                  |
| 9              | Conductivity meter   | 01                           | 01                    | Yes                     |                                  |
| 10             | Fourier Transform Infra Red Spectrometer (Desirable)         | 01                           | 00                    | NA                      |                                  |
| 11             | HPLC   | 01                           | 00                    | NA                      |                                  |
| 12             | HPTLC (Desirable)  | 01                           | 00                    | NA                      |                                  |
| 13             | Atomic Absorption and Emission spectrophotometer (Desirable) | 01                           | 00                    | NA                      |                                  |
| 14             | Biochemistry Analyzer (Desirable)                            | 01                           | 00                    | NA                      |                                  |
| 15             | Carbon, Hydrogen, Nitrogen Analyzer (Desirable)              | 01                           | 00                    | NA                      |                                  |
| 16             | Deep Freezer (Desirable)                                     | 01                           | 00                    | NA                      |                                  |
| 17             | Ion – Exchanger  | 01                           | 00                    | NA                      |                                  |
| 18             | Lyophilizer (Desirable)                                      | 01                           | 00                    | NA                      |                                  |

**Signature of the Head of the Institution****28****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    29****Signature of the Inspectors**