

**PHARMACY COUNCIL OF INDIA**  
**Standard Inspection Format (S.I.F) for institutions conducting B. Pharm**  
**(To be filled and submitted to PCI by an organization seeking approval**  
**of the course / continuation of the approval)**

(SIF-B)

*To be filled by P.C.I*

*To be filled up by inspectors*

**Inspection No. :**

**Date of Inspection:**

**FILE No. :**

**NAME OF THE INSPECTORS: 1.**  
**(BLOCK LETTERS) 2.**

**PART – I**

**A - GENERAL INFORMATION**

<p><b>A –1.1</b>  Name of the Institution:  Complete Postal address:  STD code  Telephone No.  Fax No.  E-mail</p>	<p>School of Pharmacy  SHARDA UNIVERSITY  Plot No. 32-34, knowledge park-III  Greater Noida, U.P.- 201306  Ph. (0120)- 2329777, 2329722, 31210012, 4060210  Fax: (0120) – 2329700  Website: <a href="http://www.sharda.ac.in">www.sharda.ac.in</a>  School.pharmacy@sharda.ac.in</p>
<p>Year of starting of the course</p>	<p>2016- 2017</p>
<p>Status of the course conducting body: Government /  University / Autonomous / Aided / Private  (Enclose copy of Registration documents of  Society/Trust)</p>	<p>(please refer to ANNEXURE-9-Copy of ACT)  School of Pharmacy is a constituent unit of Sharda  University, established through Act. No. 14 of Uttar Pradesh,  2009  <b>ANNEXURE - 01</b></p>
<p><b>A – I .2</b>  Name, address of the Society/Trust/ Management  (attach documentary  evidence) STD Code:  Telephone  No: Fax No:  E-mail  Web Site:</p>	<p>Sharda Education Trust  SHARDA UNIVERSITY  Plot No. 32-34, knowledge park-III  Greater Noida, U.P.- 201306  Ph. (0120)- 2329777, 2329722, 31210012, 4060210  Fax: (0120) – 2329700  Website: <a href="http://www.sharda.ac.in">www.sharda.ac.in</a>  School.pharmacy@sharda.ac.in  <b>ANNEXURE - 02</b></p>
<p><b>A – I .3</b>  Name, Designation and Address of person to  be contacted by phone  STD Code  Telephone  No Office  Residence  Mobile No.  Fax No  E-Mail</p>	<p>Shri Avais Ahmad  Registrar  SHARDA UNIVERSITY  Plot No. 32-34, knowledge park-III  Greater Noida, U.P.- 201306  Ph. (0120)-2329700  Fax: (0120) – 2329700  Website: <a href="http://www.sharda.ac.in">www.sharda.ac.in</a>  <a href="mailto:Avais.ahmad@sharda.ac.in">Avais.ahmad@sharda.ac.in</a></p>
<p><b>A – I .4</b>  Name and Address of the Head of the Institution</p>	<p>Prof. (Dr.) VIJENDER SINGH  Dean, School of Pharmacy, SHARDA UNIVERSITY  Plot No. 32-34, knowledge park-III, Greater Noida, U.P.-  201306</p>

**Signature of the Head of the Institution**

**Signature of the Inspectors**

A –I. 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. Details of Affiliation Fee Paid

ANNEXURE - 03

Name of the Course	Affiliation Fee paid	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	2017- 2018	D.D No. 0322878 of Rs.1,00,000.00, Axis Bank, Greater Noida (U.P.)	20-08-2016	

b. APPROVAL STATUS:

ANNEXURE - 04

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspect
B. Pharm		Approval Letter No and Date	32/12271/2016-PCI/2486- 87-04-08 2016	Not Applicable	University letter No. Nil dated-02-06-2015	
		Approved Intake	60			
		Actually	60			

c. STATUS OF APPLICATION

COURSES INSPECTED

Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks Current Intake
	Yes	No	Yes	No	
B. Pharm	Yes	No	Yes	No	

Note: Enclose relevant documents

A –I. 6 Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same Building / campus? If Yes, Give Details(University Campus)

A – I. 6 a

Yes

No

Status of the Pharmacy Course:

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

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

Controller Examination, SHARDA UNIVERSITY  
Plot No. 32-34, knowledge park-III  
Greater Noida, U.P. - 201306  
Ph. (0120)- 2329777, 2329722, 31210012, 4060210  
Fax: (0120) – 2329700 Website: www.sharda.ac.in

Signature of the Head of the Institution

Signature of the Inspectors

**B - DETAILS OF THE INSTITUTION**

**ANNEXURE - 05**

<b>B -I .1</b>		Prof. (Dr.) VIJENDER Singh, Ph.D., M. Pharmacy			
<b>Name of the Principal</b>					
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M.Pharmacy		15 years, out of which 5 years as Prof. / HOD	32 Years	
	Ph. D.		10 years, out of which at least 05 years as Asst. Prof		

\* Documentary evidence should be provided

**B -I .2**

**For institution seeking continuation of affiliation**

**ANNEXURE - 06**

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03
<b>B. Pharm</b>	April 23-24, 2016	Enclosed	Complied with letter no. Nil Dated 24-06-2016	Not Applicable

\* Enclose Documents

**B -I .3**

**ANNEXURE - 07**

<b>Status of Governing Council:</b>	<b>University</b>
<b>Details of the Governing Body</b>	<b>Enclosed</b>
<b>Minutes of the last Governing council Meeting</b>	<b>Enclosed</b>

**B -I .4**

**Pay Scales:**

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspector
<b>Teaching Staff</b>	UGC Yes	No	Yes	No	
<b>Non-Teaching Staff</b>	State Government Yes	No	Yes	No	

**B -I .5**

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

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
<b>Sanctioned</b>			
<b>No. of Admissions</b>			
<b>Unfilled Seats</b>	-----NA-----	-----NA-----	-----NA-----
<b>No. of Excess Admissions</b>			

Signature of the Head of the Institution

Signature of the Inspectors

**B –I .6**

**Academic information: Percentage of UG results for the past three years based on University Calendar (New School started from session 2016-2017)**

<b>ACADEMIC YEAR</b>	<b>Year 200-</b>	<b>Year</b>	<b>Year</b>
<b>1<sup>st</sup> year</b>	-----NA-----	-----NA-----	-----NA-----
<b>2<sup>nd</sup> year</b>			
<b>3<sup>rd</sup> year</b>			
<b>Final year</b>			
<b>Pass % (Final Year)</b>			

**B – II****Co – Curricular Activities / Sports Activities****ANNEXURE - 08**

Whether college has NSS Unit (Yes/No)? If no give reasons	The institution has applied for allotment of NSS Unit and the approval is awaited
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes
Physical Instructor	Available Mr. Arun Verma
Sports Ground	Shared

**Signature of the Head of the Institution**

**Signature of the Inspectors**

## C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

**C .2 Please provide following Information**

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

Note: Enclose relevant documents

ANNEXURE - 09

Signature of the Head of the Institution

Signature of the Inspectors

**PART- II PHYSICAL INFRASTRUCTURE**

1. a. Availability of Land (B. Pharm courses) : **Available ANNEXURE - 10**  
 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 **ANNEXURE - 11**  
 Records to be enclosed  
 Sale deed :
- 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 4384.42 Sq. mts.  
 Amenities and Circulation Area 10,000Sq. mts.

**2. Class rooms:**

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

Class	Required Nos	Available Nos	Required Area * for each class	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	04	04	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	4× 93 Sq. mts	

(\*To accommodate 60 students).

**3. Laboratory requirement at the end of 4 Years**

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	750 sq. mts.	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B. Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory  10 Laboratories *	276 sq. mts. 184 sq. mts. 92 sq. mts. 184 sq. mts. 92sq. mts. 92 sq. mts.  920 sq. mts	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 sq mts (minimum)	Available In each Lab	
4	Area of the Machine Room	80-100 Sq.mts	93 sq.mts.	
5	Central Instrumentation Room	80 Sq.mts with A/ C	93 sq.mts.	
6	Store Room – I	1 (Area 100 Sq mts)	93 sq.mts.	
7	Store Room - II (For Inflammable chemicals)	1 (Area 20 Sq mts)	45 sq.mts.	

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

**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	01	30 sq. mts.	
2	Office – I - Establishment	01	60 Sq. mts	01	63 sq.mts.	
3	Office – II - Academics					
4	Confidential Room					

**5. Staff Facilities:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4	04	80 sq.mts.	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)		120 sq.mts.	

**6. Museum, Library, Animal House and other Facilities**

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	01	80 sq.mts.	
2	Library	01	150 Sq mts	01	180 sq.mts	
3	Museum	01	50 Sq mts (May be attached to	01	attached to P' cognosy lab)	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	230- 300 Seating capacity	
5	Seminar Hall	01		01	01	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	01	

Signature of the Head of the Institution

Signature of the Inspectors

### 7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts	01	60 sq.mts.	
2	Boy's Common Room (Essential)	01	60 Sq.mts	01	60 sq.mts.	
3	Toilet Blocks for Boys	01	24 Sq.mts	02	48 Sq.mts.	
4	Toilet Blocks for Girls	01	24 Sq.mts	02	48 sq.mts.	
5	Drinking Water facility – Water Cooler (Essential).	01		02		
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	04	9 Sq.mts. / room single occupancy	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	04	9 Sq.mts. / room single occupancy	
8	Power Backup Provision (Desirable)	01		03		

### 8. Computer and other Facilities:

ANNEXURE - 12

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	90 Sq. mts.	
Computer (Latest Configuration)	1 system for every 10 students	20	-	
Printers	1 printer for every 10 computers	02	-	
Multi Media Projector	01	04	-	
Generator (5KVA)	01	03 (10 KVA)	-	

Signature of the Head of the Institution

Signature of the Inspectors



### 9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	01	120 Sq.mts.		
Staff quarters	16 x 80 Sq.	20	20x80 Sq.mts.		
Canteen	100 Sq. mts	01	100 Sq.mts.		
Parking Area for staff and Bank Extension Counter		01	300 Sq.mts.		
Co operative Stores		Nil			
Guest House	80 Sq. mts	05			
Transport Facilities for students		02	80 Sq.mts.		
Medical Facility (First Aid)		Buses are provided in NCR			
		University having its own hospital			

### 10. A. Library books and periodicals

### ANNEXURE - 13

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	150	1564	
2	Annual addition of Books		100 to 150 books per year	100	-	
3	Periodicals Hard copies / online		10 National 05 International periodicals	10 national, 05 Intl. periodicals	10 national, 05 Intl. periodicals	
4	CDS		Adequate Nos		Sufficient	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	Yes (20 computers)		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01		01 01 01	
7	Library Automation and Computerized System		YES			
8	Library Timings 8: 45 AM to 4:15 PM					

### 10.B. Library Staff:

### ANNEXURE - 14

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	01	YES	
2	Assistant Librarian	D. Lib	01	YES	
3	Library Attenders	10 +2 / PUC	02	YES	

Signature of the Head of the Institution

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

**1. Student Staff Ratio: Theory 60 : 1      Practicals 30 : 2      Remarks of the Inspectors**

(Required ratio - Theory 60:1 and Practicals 20:1)

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

**2. Scheme of B. Pharm Course:      Annual       NO      Semester YES ANNEXURE - 15**

**3. Date of Commencement of session / sessions:**

Commencement	Completion
22/08/2016	1 <sup>st</sup> semester 03 January 2017
16/01/2017	2 <sup>nd</sup> semester 10 May 2017

No of Days

No of Days

**4. Vacation:      Summer:       60      Winter:       15**

**5. Total No. of working days:**

**6. Time Table:      ANNEXURE - 16**

Time Table for B. Pharm course Enclosed      Yes       YES      No     

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

**I B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
New School started in 2016-2017						

**II B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		
New School started in 2016-2017						

Signature of the Head of the Institution

Signature of the Inspectors

**III B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1						
New School started in 2016-2017						

**IV B. Pharm:**

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1						
New School started in 2016-2017						

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

YES

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

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures	Not applicable, New School started in 2016-17		
Seminars			
Workshops			
Symposia			

B. Papers Presented / Published during last three years

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
Published	Not Applicable, New School started in 2016-17					
Presented						

Signature of the Head of the Institution

Signature of the Inspectors

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

YES

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	Sep, 2016	In routine classes	Oct, 2016	In routine classes	Nov, 2016	In routine classes	
II B. Pharm	-	-	-	-	-	-	
III B. Pharm	-	-	-	-	-	-	
IV B. Pharm	-	-	-	-	-	-	

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

Class	No. of Candidates scored more than		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B. Pharm	<b>Not Applicable, New School started in 2016-17</b>								
II B. Pharm									
III B. Pharm									
IV B. Pharm									

**12. Work load of Faculty members for B. Pharm**

ANNEXURE - 17

Sl. No	Name of the Faculty	Subjects taught	B. Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		
	Not Applicable, New School started in 2016-17					

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

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared	<b>Not Applicable, New School started in 2016-17</b>		
No. of Students Qualified			
Percentage			

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

If applicable please give the details for the previous Year ( New School starting in 2016-2017)

Event	Details for the Previous Year
No. of Industrial visits	<b>Not Applicable, New School started in 2016-17</b>
Industrial Tour	
Industrial Training	
No. of Resource Persons from the Industry for Guest Lectures	
No. of Collaboration projects with Industry	

Signature of the Head of the Institution

Signature of the Inspectors

**15. Percentage of students Placed through the College Placement Cell in the Last Three Years  
( New School started in 2016-2017)**

<b>Yea</b>	<b>Year 200-</b>	<b>Year 200-</b>	<b>Year 200-</b>
<b>No. of students appeared for campus interview</b>	<b>Not Applicable, New School started in 2016-17</b>		
<b>% Placed</b>			

**16. Whether Professional Society Activities are Conducted (Enclose Details)  
(ISTE, IPA, APTI, ICTA and Related Societies)  
(New School started in 2016-2017)**

<b>Yes</b>	
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**Signature of the Head of the Institution**

**Signature of the Inspectors**

## PART IV - PERSONNEL

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

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

2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Part Time
03	02	01

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

	No. of staff required for I *B.Pharm	Available	No. of staff required for II B.Pharm	Available	No. of staff required for III B.Pharm	Available	No. of staff required for IV B.Pharm	Available
Principal	1	01	1	New School started in 2016-17	1	New School started in 2016-17	1	New School started in 2016-17
Pharmaceutical Chemistry	1	01	2		3		4	
Pharmaceutical Analysis	1	-	-		-		1	
Pharmacology	1	01	2		3		4	
Pharmacognosy	1	01	2		3		3	
Pharmaceutics	1	01	2		3		4	
<b>Total</b>	<b>6</b>	<b>05</b>	<b>9</b>		<b>13</b>		<b>17</b>	
<b>Part time teaching</b>	<b>3</b>	<b>01</b> Comm.	<b>-</b>		<b>-</b>		<b>-</b>	
<b>Remarks of the Inspection</b>								

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

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

Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	00	

Signature of the Head of the Institution

Signature of the Inspectors

	Asst. Professor	1	00	
	Lecturer	2	01	
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1	00	
	Asst. Professor	1	00	
	Lecturer	3	01	
Department of Pharmacology	Professor	1	00	
	Asst. Professor	1	00	
	Lecturer	2	01	
Department of Pharmacognosy	Professor	1	01	
	Asst. Professor	1	00	
	Lecturer	1	01	

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

**ANNEXURE - 19**

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

**6. Details of Faculty Retention for: ( New School started in 2016-2017)**

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

**7. Details of Faculty Turnover: (New School started in 2016-2017)**

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

Signature of the Head of the Institution

Signature of the Inspectors

**8.Number of Non-teaching staff available for 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	03	D. Pharm/B.Sc.	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	3	12 <sup>th</sup>	
3	Office Superintendent	1	Degree	1	MBA	
4	Accountant	1	Degree	1	B.Com	
5	Store keeper	1	D. Pharm/ Degree	1	B.SC	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	1	MCA	
7	Office Staff I	1	Degree	1	MA (Eco)	
8	Office Staff II	2	Degree	1	BA	
9	Peon	2	SSLC	2	10 <sup>th</sup> /12 <sup>th</sup>	
10	Cleaning personnel	Adequate	---	3	5 <sup>th</sup>	
11	Gardener	Adequate	---	3	5 <sup>th</sup>	

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Signature of the Inspectors



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

**ANNEXURE - 20**

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

**10. Whether facilities for Research / Higher studies are provided to the faculty?** YES  
(Inspectors to verify documents pertaining to the above)

**11. Whether faculty members are allowed to attend workshops and seminars?** YES  
(Inspectors to verify documents pertaining to the above)

**12. Scope for the promotion for faculty: Promotions** Yes  YES No

**13. Gratuity Provided** Yes  YES No

**14. Details of Non-teaching staff members (list to be enclosed):** List enclosed **Annexure-21**

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

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

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**PART V - DOCUMENTATION****Records Maintained: Essential**

<b>Sl. No</b>	<b>Records</b>	<b>Yes</b>	<b>No</b>	<b>Remarks of the Inspectors</b>
1	Admissions Registers	✓		
2.	Individual Service Register	✓		
3.	Staff Attendance Registers	✓		
4.	Sessional Marks Register	✓		
5.	Final Marks Register	✓		
6.	Student Attendance Registers	✓		
7.	Minutes of meetings- Teaching Staff	✓		
8.	Fee paid Registers	✓		
9.	Acquittance Registers	✓		
10.	Accession Register for books and Journals in Library	✓		
11.	Log book for chemicals and Equipment costing more than Rupees one lakh	✓		
12.	Job Cards for laboratories	✓		
13.	Standard Operating Procedures (SOP's) for Equipment	✓		
14.	Laboratory Manuals	✓		
15.	Stock Register for Equipment	✓		
16.	Animal House Records as per CPCSEA	New School started in 2016-17		

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Signature of the Inspectors

**PART - VI**

- 1. Financial Resource allocation and utilization for the past three years:**  
 (New School started in 2016-2017)  
 (Audited Accounts for previous year to be enclosed)

**ANNEXURE - 22**

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	(New School started in 2016-2017)									

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

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

Sl No.	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment			Equipment			Equipment			

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

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

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

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**PART VII – EQUIPMENT AND APPARATUS**

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

ANNEXURE - 23

**DEPARTMENT OF PHARMACOLOGY**

**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	15	20	Yes	
2	Haemocytometer with Micropipettes	20	40	Yes	
3	Sahli's haemocytometer	20	40	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	05	10	Yes	
6	Stethoscope	05	20	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	Available 1 set	Yes	
8	Models for various organs	One model of each organ system	01	Yes	
9	Specimen for various organs and systems	One model for each organ system	01	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	01	Yes	
11	Different Contraceptive Devices and Models	One set of each device	01 set	Yes	
12	Muscle electrodes	01	-	-	
13	Lucas moist chamber	01	-	-	
14	Myographic lever	01	-	-	
15	Stimulator	01	-	-	
16	Centrifuge	01	01	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrte	10	-	-	

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20	Sherrington Drum	10	-	-	
21	Perspex bath assembly (single unit)	10	-	-	
22	Aerators	10	-	-	
23	Computer with LCD	01	-	-	
24	Software packages for experiment	01	-	-	
25	Standard graphs of various drugs	Adequate number	-	-	
26	Actophotometer	01	-	-	
27	Rotarod	01	-	-	
28	Pole climbing apparatus	01	-	-	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	-	-	
30	Convulsiometer	01	-	-	
31	Plethysmograph	01	-	-	
32	Digital pH meter	01	01	Yes	

**Apparatus:**

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

**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	Yes	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	

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5	B.O.D.incubator	01	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	-	-	
8	Colony counter	02	-	-	
9	Zone reader	01	-	-	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	-	-	
12	Camera Lucida	15	-	-	
13	Eye piece micrometer	15	20	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	-	-	
16	Heating mantle	15	05	Yes	
17	Flourimeter	01	-	-	
18	Vacuum pump	02	01	Yes	
19	Micropipettes (Single and multi channeled)	02	-	-	
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	-	-	
2	Water bath	20	20	Yes	
3	Clavengers apparatus	10	05	Yes	
4	Soxhlet apparatus	10	05	Yes	
6	TLC chamber and sprayer	10	-	-	
7	Distillation unit	01	01	Yes	

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

**DEPARTMENT OF PHARMACEUTICAL CHEMISTRY**

**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	01	Yes	
3	Refrigerator	01	01	Yes	

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4	Analytical Balances for demonstration	05	05	Yes	
5	Digital balance 10mg sensitivity	10	04	Yes	
6	Digital Balance (1mg sensitivity)	01	01	Yes	
7	Suction pumps	06	-	-	
8	Muffle Furnace	01	01	Yes	
9	Mechanical Stirrers	10	04	Yes	
10	Magnetic Stirrers with Thermostat	10	-	-	
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	01	Yes	
2	Reflux flask and condenser single necked	20	-	-	
3	Reflux flask and condenser double / triple necked	20	-	-	
4	Burettes	40	60	Yes	
5	Arsenic Limit Test Apparatus	20	40	Yes	
6	Nessler's Cylinders	40	80	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	02	Yes	
4	Microscopes	05	10	Yes	
5	Stage and eye piece micrometers	05	-	-	
6	Brookfield's viscometer	01	-	-	
7	Tray dryer	01	-	-	
8	Ball mill	01	01	Yes	

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9	Sieve shaker with sieve set	01	01	Yes	
10	Double cone blender	01	-	-	
11	Propeller type mechanical agitator	05	-	-	
12	Autoclave	01	01	Yes	
13	Steam distillation still	01	01	Yes	
14	Vacuum Pump	01	01	Yes	
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	2 sets	Yes	
16	Tablet punching machine	01	-	-	
17	Capsule filling machine	01	-	-	
18	Ampoule washing machine	01	-	-	
19	Ampoule filling and sealing machine	01	-	-	
20	Tablet disintegration test apparatus IP	01	-	-	
21	Tablet dissolution test apparatus IP	01	-	-	
22	Monsanto's hardness tester	01	-	-	
23	Pfizer type hardness tester	01	-	-	
24	Friability test apparatus	01	-	-	
25	Clarity test apparatus	01	-	-	
26	Ointment filling machine	01	-	-	
27	Collapsible tube crimping machine	01	-	-	
28	Tablet coating pan	01	-	-	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10	-	-	
30	Digital pH meter	01	01	Yes	
31	All purpose equipment with all accessories	01	-		
32	Aseptic Cabinet	01	-		
33	BOD Incubator	02	01	Yes	
34	Bottle washing Machine	01	-		
35	Bottle Sealing Machine	01	-		
36	Bulk Density Apparatus	02	-		
37	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38	Capsule Counter	02	-		
39	Energy meter	02	-		
40	Hot Plate	02	02	Yes	

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41	Humidity Control Oven	01	-	-	
42	Liquid Filling Machine	01	-	-	
43	Mechanical stirrer with speed regulator	02	-	-	
44	Precision Melting point Apparatus	01	-	-	
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	-	-	
2	Stalagmometer	15	-	-	
3	Desiccator*	05	-	-	
4	Suppository moulds	20	-	-	
5	Buchner Funnels (Small, medium, large)	05 each	-	-	
6	Filtration assembly	01	-	-	
7	Permeability Cups	05	-	-	
8	Andreason's Pipette	03	-	-	
9	Lipstick moulds	10	-	-	

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

**PHARMACEUTICAL BIOTECHNOLOGY**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	-	-	
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	-	-	

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9	Diagnostic kits to identify infectious agents	01	-	-	
10	Rheometer	01	-	-	
11	Viscometer	01	01	01	
12	Micropipettes (single and multi channeled)	01 each	01	01	
13	Sonicator	01	-	-	
14	Respinometer	01	-	-	
15	BOD Incubator	01	-	-	
16	Paper Electrophoresis Unit	01	-	-	
17	Micro Centrifuge	01	01	01	
18	Incubator water bath	01	01	01	
19	Autoclave	01	01	01	
20	Refrigerator	01	01	01	
21	Filtration Assembly	01	01	01	
22	Digital pH meter	01	01	01	

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

**CENTRAL INSTRUMENTATION ROOM:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	Yes	
2	Digital pH meter	01	01	Yes	
3	UV- Visible Spectrophotometer	01	01	Yes	
4	Flourimeter	01	01	Yes	
5	Digital Balance (1mg sensitivity)	01	01	Yes	
6	Nephelo Turbidity meter	01	-	-	
7	Flame Photometer	01	-	-	
8	Potentiometer	01	-	-	
9	Conductivity meter	01	-	-	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	-	-	
11	HPLC	01	-	-	
12	HPTLC (Desirable)	01	-	-	

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

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**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

**. Signature of Inspectors:**

**2.**

**1**

**Note:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**