

# PHARMACY COUNCIL OF INDIA

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

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

(SIF-A)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.  
(BLOCK LETTERS)

2.

### PART – I

#### A - GENERAL INFORMATION

<b>A – I. 1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	SRI SAI RR INSTITUTE OF PHARMACY Sarsol, NH 91, Delhi G.T.Road, Aligarh 0571 9359508925 2402188 <a href="mailto:srrpaligarh@gmail.com">srrpaligarh@gmail.com</a>
Year of starting of the course	2018-19
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	PRIVATE
<b>A – I. 2</b> Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	OM SRI SAI SHIKSHA SAMITI Opp. Phal Mandi, Sarsol,G.T.Road, Aligarh 0571 2222034, 2402188, saialigarh@gmail.com <a href="http://www.srisairgroup.com">www.srisairgroup.com</a>
<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	Rakesh Gupta, Chairman Sai Kutir, Ratneshpuram, Marris Road, Aligarh 0571 9412273638 2222034  9412273638 2402188 srisamc@yahoo.com
<b>A – I. 4</b> Name and Address of the Head of the Institution	Mr.Ganesh Shankar Arya , Principal

Signature of the Head of the Institution

Signature of the Inspectors

## a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated
D. Pharm	2018-19	DD No.	

## b. APPROVAL STATUS:

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

## c. STATUS OF APPLICATION

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

Note: Enclose relevant documents

## A -I. 6

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

Building / campus? If yes, give status

Yes

No

## A - I. 6 a

## Status of the Pharmacy Course:

Independent Building

Wing of another college

Separate Campus

Multi Institutional Campus

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

BOARD OF TECHNICAL EDUCATION  
1, Guru Govind Singh Marg, Bansh Mandi Chauraha  
Lucknow  
0522- 2630243, 2638709

Signature of the Head of the Institution

Signature of the Inspectors

**B - DETAILS OF THE INSTITUTION**

<b>B -I .1</b> Name of the Principal					
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm		05 years	6 Year	
	PhD (Desirable)		02 years		

\* Documentary evidence should be provided

**B -I .2**

For institution seeking continuation of approval NA

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

\* Enclose Documents

**B -I .3**

**Pay Scales:**

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

**B -I .4**

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

ACADEMIC YEAR	200-	200-	200-
Sanctioned			20-
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

**B -I .5**

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

**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)      OM SRI SAI SHIKSHA SAMITI**

**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	0.00	<b>CAPITAL EXPENDITURE</b>			
2.	Tuition Fee	0.00	1.	Building	1.5 crore	
3.	Library Fee	0.00	2.	Equipment	25 lacks	
4.	Sports Fee	0.00	3.	Others	50 lacks	
5.	Union Fee	0.00	<b>REVENUE EXPENDITURE</b>			
6.	Others	0.00	1	Salary	6,05,300	
			2.	<b>MAINTENANCE EXPENDITURE</b>		
				i	College	1,55,000
				ii	Others	
			3.	University Fee (If any)	25,000	
			4.	Apex Bodies Fee	7,75,000	
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc.Expenditure	2,68,300	
			<b>Total</b>			
	<b>Total</b>					

**Note: Enclose relevant documents**

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**PART- II PHYSICAL INFRASTRUCTURE**

1.a. Building : **Own**

b. Land:

i) Leased or own **Own**

Sale / Agreement deed (records to be enclosed) : **Enclosed**

c. Building: Leased  Rented

i) Leased/Rented (Record to be enclosed) : **Enclosed/Not available**

ii) If Own (Approved Building plan & sale deed to be enclosed) : **Enclosed**

d. Total Area of the college building in Sq.mts : Built up Area

Amenities and Circulation Area

**2. Class rooms:**

**Total Number of Class rooms provided**

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

(\* To accommodate 60 students)

**3. Laboratory requirement**

Sl. No.	Name of Infrastructure	Requirement as per Norms	Available		Remarks/ Deficiency
			No.	Area in Sq. mts	
1	Laboratory Area for D.Pharm Course	50 Sq mts x n (n=05)	05	370	
2	Pharmaceutics Pharmaceutical Chemistry Physiology and Pharmacology Pharmacy Practice Pharmacognosy <b>Total no. of Labs for D. Pharm Course</b> *Animal House	01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory 01 Laboratory <b>05 Laboratories</b> 01 (10 sq.mts)	01 01 01 01 01	75 72 75 76 72	
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 Sq.mts (minimum)	03	38	
4	Area of the Machine Room	100 Sq mts	01	100	
5	Aseptic Room	25 Sq mts	01	25	
6	Store Room – I	1 (Area 20 Sq mts)	01	20	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01	20	

\* Not required if computer simulated software are available

Signature of the Head of the Institution

Signature of the Inspectors

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

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

**4. Administration Area:**

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	20 Sq mts	01	21	
2	Office – I Including Confidential Room	01	40 Sq mts	01	40	
3	Staff / Faculty Rooms for D. Pharm course	01	30 Sq mts	01	34	
4	Library with computer and reprographic facilities	01	100 Sq mts	01	100	
5	Museum	01	30 Sq mts (May be attached to the Pharmacognosy Lab)	01	30	
6	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	200	
7	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	Available	

Signature of the Head of the Institution

Signature of the Inspectors

**6. Student Facilities:**

Sl. No.	Name of infrastructure	Requirement in number	Requirement in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Girl's Common Room (Essential)	01	40 Sq mts	01	40	
2	Boy's Common Room (Essential)	01	40 Sq mts	01	40	
3	Toilet Blocks for Boys	01	25 Sq mts	01	25	
4	Toilet Blocks for Girls	01	25 Sq mts	01	25	
5	Canteen (Desirable)	01	100 Sq mts	01	100	
6	Drinking Water facility Water Cooler (Essential)	01		02	Available	
7	Boy's Hostel (Desirable)	01	9 Sq mts / Room Single occupancy	01	Available	
8	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts/room (triple occupancy)	01	Available	
9	Power Backup Provision (Desirable)	01			Available	

**6. Computer and other Facilities:**

Name	Required	Available	Available		Remarks of the Inspectors
			No.	Area in Sq. mts	
Computer (latest Configuration)	1 system for every 10 students	10 system	01	30	
Printers	1 printer for every 10 computers	01	01		
Xerox Machine	01	01	01		
Multi Media Projector	02	02	02		

**7. Amenities (Desirable)**

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	Available			
Staff quarters	6 x 80 Sq. mts	Available			
Parking Area for staff and students		Available			
Bank Extension Counter					
Co operative Stores					
Guest House	80 Sq. mts	Available			
Transport Facilities for students		Available			
Medical Facility (First Aid)		Available			

Signature of the Head of the Institution

Signature of the Inspectors

### 8. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Titles	Numbers	
1	Number of books	75	750 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	80	800	
2	Annual addition of books		75 books per year			
3	Periodicals Hard copies / online		<b>06 National Journals</b> Indian Journal of Pharmaceutical Sciences Indian Journal of Pharmaceutical Education and Research Journal of Hospital Pharmacy Indian Journal of Pharmacology CIMS, MIMS Indian Journal of Experimental Biology.		06	
4	<b>Library Timings</b>	09 AM to 05 PM				

### 8.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	8	80	
2	Pharmaceutical Chemistry – I	8	80	
3	Pharmacognosy	8	80	
4	Biochemistry and Clinical Pathology	8	80	
5	Human Anatomy and Physiology	8	80	
6	Health Education and Community Pharmacy	8	80	
7	Pharmaceutics – II	8	80	
8	Pharmaceutical Chemistry – II	5	50	
9	Pharmacology and Toxicology	5	50	
10	Pharmaceutical Jurisprudence	5	50	
11	Drug Store and Business Management	5	50	
12	Hospital and Clinical Pharmacy	4	50	

### 8.C. Library Staff:

	Staff:	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	D. Lib	1	01	
2	Library Attenders	10+ 2 /PUC	1	01	

**Note: The information provided will be assessed in giving the period of approval**

Signature of the Head of the Institution

Signature of the Inspectors

**PART III ACADEMIC REQUIREMENTS**

**Course Curriculum:**

**1. Student Staff Ratio:**

Theory

Practicals

(Required ratio --- Theory → 60:1 and Practical → 20:1)

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

**2. Date of Commencement of session:**

<b>Commencement</b>	<b>Completion</b>
DD/MM/YY	DD/MM/YY

No of Days

No of Days

**3. Vacation:**

Summer:

Winter:

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

**5. Time Table:**

Time Table for I and II D. Pharm Enclosed

Yes

No

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

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

Signature of the Head of the Institution

Signature of the Inspectors

**7. Whether Internal Assessments are conducted periodically as per PCI norms**

Yes  No

**8. Whether Evaluation of the internal assessments is Fair Yes**

No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I D. Pharm									
II D. Pharm									

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

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART IV - PERSONNEL**

**TEACHING STAFF.**

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

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

2. Qualification and number of Staff Members  
Number of staff members required: 07

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

3. Details of Faculty Retention for:

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

4. Details of Faculty Turnover

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

(Inspectors to verify documents pertaining to the above)

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

(Inspectors to verify documents pertaining to the above)

**10. Scope for the promotion for faculty: Promotions**                      Yes                       No

**11. Gratuity Provided**    Yes     No

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

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors
1	Deepak Sharma	Lab Technician	D.Pharma	01.09.2016	2 Year		
2	Kuldeep Kumar	Lab Technician	D.Pharma	01.09.2016	1 Year		
3	Jay Prakash	Store Incharge	D.Pharma	15.07.2016	3 Year		
4	Jitin Kumar	Accountant	M.Com	01.07.2016	5 Year		
5	Surendra Jadon	Clerk/Comp	B.Com	15.07.2016	2 Year		
6	Deepak	Peon	10	01.07.2016	1 year		
7	Rahul	Peon	10	01.07.2016	1 Year		
8	Madhvi	Sweeper	5	01.07.2016	6 Year		
9	Raju	Sweeper	5	01.07.2016	5 Year		
10	Ravi Kant	Lab Asstt.	12	01.09.2016	2 Year		

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

Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

## PART V - DOCUMENTATION

### Records Maintained: (Essential)

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

Signature of the Head of the Institution

Signature of the Inspectors

**PART - VI 1. Financial Resource allocation and utilization for the past three years:**

**(Audited Accounts for the previous year to be enclosed)**

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

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

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	
	Chemicals			Chemicals			Chemicals			
	Glassware			Glassware			Glassware			

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

**(Enclose purchase invoice)**

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	
	Equipment			Equipment			Equipment			

Signature of the Head of the Institution

Signature of the Inspectors

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

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

**PHARMACEUTICS**

**Equipment:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Continuous Hot Extraction Equipment	05	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 IP	01	01	Yes	
13	Tablet dissolution test apparatus IP	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 – Lab size	01	01	Yes	
19	Digital balance	01	01	Yes	
20	Distillation unit for distilled water	02	02	Yes	
21	Deionisation unit	01	01	Yes	
22	Glass distillation unit for water for injection	01	01	Yes	
23	Ampoule washing machine	01	01	Yes	
24	Ampoule filling and sealing machine	01	01	Yes	
25	Sintered glass filters for bacterial proof filtration (four different grades)	Adequate	Available	Yes	
26	Millipore filter (3 grades)	Adequate	Available	Yes	

**Signature of the Head of the Institution**

**Signature of the Inspectors**

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	01	Yes	
33	Sieves set (Pharmacopoeial standard)	02	02	Yes	
34	Lab Centrifuge	01	01	Yes	
35	Ointment slab	Adequate	Available	Yes	
36	Ointment spatula	Adequate	Available	Yes	
37	Pestle and mortar porcelain	Adequate	Available	Yes	
38	Pestle and mortar glass	Adequate	Available	Yes	
39	Suppository moulds of three sizes	Adequate	Available	Yes	
40	Refrigerator	01	01	Yes	

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

### PHARMACEUTICAL CHEMISTRY

#### Equipment:

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

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

Signature of the Head of the Institution

Signature of the Inspectors

## PHYSIOLOGY & PHARMACOLOGY LABORATORY

### Equipment:

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

### PHARMCOGNOSY LABORATORY

#### Equipment:

SI 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	Available	Yes	
3	Models (different types)	Adequate	Available	Yes	
4	Permanent Slides	Adequate	Available	Yes	
5	Slides and Cover Slips	Adequate	Available	Yes	

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

### PHARMACY PRACTICE LABORATORY

#### Equipment:

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

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Signature of the Inspectors

8	Filling Machine	1	1	Yes	
9	Sealing Machine	1	1	Yes	
10	Autoclave sterilizer	1	1	Yes	
11	Membrane filter	1 Unit	1 unit	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	Available	Yes	
13	Small disposable membrane filter for IV admixture filtration	Adequate	Available	Yes	
14	Laminar air flow bench	1	1	Yes	
15	Vacuum pump	1	1	Yes	
16	Oven	1	1	Yes	
17	Surgical dressing	Adequate	Available	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 numbers of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

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

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

**Observation of the Inspectors:**

**Compliance of the last recommendations by Inspectors**

**Specific observations if not complied**

**Signature of Inspectors:**

**1.**

**2.**

**Note:**

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

**Signature of the Head of the Institution**

**Signature of the Inspectors**

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

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

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

Photograph

Date of Birth & Age .....

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

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

Present Designation : \_\_\_\_\_

Department : \_\_\_\_\_

College : \_\_\_\_\_

City : \_\_\_\_\_

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

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

Contd. on page 2

Permanent Residential

Address of employee : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.**

STD Code

Phone No.

Phone & Fax Number  
with Code

Office : \_\_\_\_\_

Residence : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Date of joining present institution : \_\_\_\_\_ as \_\_\_\_\_  
(Designation)

Details of the previous appointments/teaching experience

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

1) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning/retiring (**relieving order is enclosed from the previous institution**).

2) I, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

3) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

	<b>Amount Received</b>	<b>TDS</b>
April, 20__		
May, 20__		
June, 20__		
July, 20__		
August, 20__		
September, 20__		
October, 20__		
November, 20__		
December, 20__		
January, 20__		
February, 20__		
March, 20__		

(Copy of my form 16 (TDS certificate) for the last financial year is attached)

P.A.N. : \_\_\_\_\_ Circle : \_\_\_\_\_

**Declaration**

- I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
- It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date : \_\_\_\_\_ Place: \_\_\_\_\_

**Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/  
Principal in respect of Teaching Staff

Date : \_\_\_\_\_ Place : \_\_\_\_\_