

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. :

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)

2.

PART – I

A - GENERAL INFORMATION

A – I .1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	Annasaheb Dange College of D Pharmacy Annasaheb Dange College of B Pharmacy A/P- Ashta, Tal- Walwa, Dist- Sangli, Maharashtra 416301 02342 21107 (02342) 241107 profrak@rediffmail.com
Year of starting of the course	Diploma: 2016 and Degree: 2016
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Private (Encl: 1)
A – I .2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	Sant Dnyaneshwar Shikshan Sanstha, Kachare Galli Islampur. Tal- Walwa, Dist- Sangli. Pin-415409 02342 241105 (02342) 241107 info@santdnyaneshwar.org www.santdnyaneshwar.org
A – I .3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Prof. R. A. Kanai, Executive Director, Sant Dnyaneshwar Shikshan Sanstha, Islampur, Tal- Walwa, Dist- Sangli 02342 241107 241107 9730377786 (02342) 241107 profrak@rediffmail.com
A – I .4 Name and Address of the Head of the Institution	Dr. Dhanraj R. Jadge, Annasaheb Dange College of B Pharmacy A/P- Ashta, Tal- Walwa, Dist- Sangli, Maharashtra 416301

Signature of the Head of the Institution

Signature of the Inspectors

A – I.5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

a. DETAILS OF AFFILIATION FEE PAID:

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
D. Pharm		Not Applicable		
B. Pharm		Not Applicable		

b. APPROVAL STATUS

Name of the Course	Approved up to	Intake Approved and Admitted	PCI	STATE GOVT	UNIVERSITY	Remarks of the Inspectors
B. Pharm		Approval Letter No and Date		Not Applicable		
		Approved Intake				
		Actually Admitted				
D. Pharm		Approval Letter No and Date	Not Applicable		-----	
		Approved Intake				
		Actually Admitted				

c. STATUS OF APPLICATION: Not Applicable

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		
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 status

Yes No

A – I. 6 a

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

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

For Diploma course:
Maharashtra State Board of
Technical Education (MSBTE)
49, Kherwadi, Bandra (East)
Mumbai, Maharashtra- 400051
022 -26477208 / 26471255

For Degree course:
Shivaji University, Vidyanagar
Kolhapur-416004, Maharashtra
India
0231 -2609000

Signature of the Head of the Institution

Signature of the Inspectors

B - Details of the Institution

B -I .1 Name of the Principal		Dr. Dhanraj R. Jadge			
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	√	15 years, out of which 5 years as Prof. / HOD	21	
	PhD	√	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**

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

* Enclose Documents

B -I .3

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

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

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

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

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
Sanctioned	Not Applicable		
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

B -I .6**Academic information: Percentage of D. Pharm results for the past three years:**

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
D. Pharm	Not Applicable		

Signature of the Head of the Institution

Signature of the Inspectors

B –I .7**B. Pharm Course: Admission statement for the past three years**

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
Sanctioned	Not Applicable		
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

B –I .8**Academic information: Percentage of UG results for the past three years based on University Calendar**

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
1 st year	Not Applicable		
2 nd year			
3 rd year			
Final year			
Pass % (Final Year)			

B – II**Co – Curricular Activities / Sports Activities: Not Applicable**

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

Signature of the Head of the Institution

Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

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

C .2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others	--	CAPITAL EXPENDITURE			
2.	Tuition Fee	--	1.	Building	450.00 Lakh	
3.	Library Fee	--	2.	Equipment	50.00 Lakh	
4.	Sports Fee	--	3.	Others	25.00 Lakh	
5.	Union Fee	--	REVENUE EXPENDITURE			
6.	Others	--	1	Salary	--	
	Received from SDSS	599.10 Lakh	2.	MAINTENANCE EXPENDITURE		
				i	College	--
				ii	Others	--
			3.	University Fee (If any)	2.4 Lakh	
			4.	Apex Bodies Fee	14.00 Lakh	
			5.	Government Fee	3.20 Lakh	
			6.	Deposit held by the College	54.50 Lakh	
			7.	Others	--	
			8.	Misc.Expenditure	--	
			Total		74.10 Lakh	
			Total		599.10 Lakh	
	Total	599.10 Lakh				

Note: Enclose relevant documents

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/Not Available**
 a) 2.5 acres District HQ/Corporation/Municipality limit
 b) 0.5 acre for City / Metros
- b. Building † : **Own/Rented/Leased**
- c. Land Details to be in the name of Trust and Society
 i) Own – Records to be enclosed
 Sale deed : **Enclosed/Not available**
- d. Building:
 i) Approved Building plan, sale deed to be enclosed) : **Enclosed/Not available**
- e. Total Built Area of the college building in Sq.mts : Built up Area

7806.62

Amenities and Circulation Area

2068.47

2. Class rooms:

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

Class	Required	Available Numbers	Required Area * for each Class Room	Available Area in Sq. mts	Remarks of the Inspectors
D. Pharm	02	01	90 Sq. mts each	102.30	
B. Pharm	04	02	90 Sq. mts each (Desirable) 75 Sq. mts each (Essential)	204.60	

(* 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	Laboratory Area for B. Pharm Course (10 Labs) Laboratory area for D. Pharm Course (03 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential	07; 719.67 04; 437.44	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm and D.Pharm Course	03 Laboratories 03 Laboratories 01 Laboratory 03 Laboratories 02 Laboratories 01 Laboratory 13 Laboratories *	02; 205.62 02; 205.62 01; 102.81 03; 308.43 02; 231.82 01; 102.81 11; 1157.11	
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)	06; 87.68	
4	Area of the Machine Room	80-100 Sq.mts	01; 106.65	
5	Central Instrument Room	80 Sq.mts with A/ C	01; 102.81	
6	Store Room – I	1 (Area 100 Sq mts)	01; 102.81	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	01; 22.00	

***No. of laboratories required for for both D. Pharm and B. Pharm**

Signature of the Head of the Institution

Signature of the Inspectors

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

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

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	30 Sq. mts	01	37.22	
2	Office – I – Establishment	01	60 Sq. mts	01	151.00	
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	03	72.81	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)	12	122.04	

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		
2	Library	01	150 Sq. mts	02	536.18	
3	Museum	01	50 Sq. mts (May be attached to the Pharmacognosy lab)	01	50.00	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	575.00	
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	Adequate	

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	02	152.00	
2	Boy's Common Room (Essential)	01	60 Sq.mts	02	205.62	
3	Toilet Blocks for Boys	01	24 Sq.mts	04	117.68	
4	Toilet Blocks for Girls	01	24 Sq.mts	04	86.28	
5	Drinking Water facility – Water cooler (Essential).	01	-	04	--	
6	Boy's Hostel (Desirable)	01	9 Sq mts/ Room Single occupancy	01	413.22	
7	Girl's Hostel (Desirable)	01	9 Sq mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	413.22	
8	Power Backup Provision (Desirable)	01		01	--	

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)	01	129.92	
Computer (Latest configuration)	1 system for every 10 students (UG & PG)	40	--	
Printers	1 printer for every 10 computers	06	--	
Multi Media Projector	01	05	--	
Generator (5KVA)	01	01	--	

Signature of the Head of the Institution

Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	--	--	√	
Staff quarters	16 x 80 Sq mts	--	--	√	
Canteen	100 Sq. mts	01	346.06		
Parking Area for staff and students		Available			
Bank Extension Counter		--	--	√	
Co operative Stores		--	--	√	
Guest House	80 Sq. mts	01	40.00		
Auditorium		--	--	√	
Seminar Hall		01	305.76		
Transport Facilities for students		Available			
Medical Facility (First Aid)		Available			

10. A. Library books and periodicals

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

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	No.	
1	Number of books	150	1500 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy	187	1510	
2	Annual addition of books		150 books per year	--	--	
3	Periodicals Hard copies / online		10 National 05 International periodicals	--	10 05	
4	CDS		Adequate Nos	Adequate		
5	Internet Browsing Facility		Yes/No (Minimum ten Computers)	Yes		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Yes Yes Yes Yes	01 01 02	
7	Library Automation and Computerized System:		Yes			
8	Library Timings:		09.00 Am to 06.00 Pm			

Signature of the Head of the Institution

Signature of the Inspectors

10.B. Subject wise Classification:

Sl. No	Subject	Available		Remarks of the Inspectors
		Titles	Numbers	
1	Pharmaceutics – I	67	292	
2	Pharmaceutical Chemistry – I	27	218	
3	Pharmacognosy	07	81	
4	Biochemistry and Clinical Pathology	11	102	
5	Human Anatomy and Physiology	09	137	
6	Health Education and Community Pharmacy	05	75	
7	Pharmaceutics – II	07	128	
8	Pharmaceutical Chemistry – II	14	112	
9	Pharmacology and Toxicology	08	107	
10	Pharmaceutical Jurisprudence	07	75	
11	Drug Store and Business Management	17	105	
12	Hospital and Clinical Pharmacy	08	78	

10.C. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

1. Student Staff Ratio: Not Applicable
 (Required ratio --- Theory → 60:1 and Practicals → 20:1) If more than 20 students in a batch 2 staff members to be present provided the lab is spacious.

Class	Theory	Practicals	Remarks of the Inspectors
B.Pharm			
D.Pharm			

2. Scheme of B. Pharm Course: Annual Semester

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

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

4. Vacation for B.PHARM: Summer: No of Days Winter: No of Days

5. Total No. of working days for B.PHARM:

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

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

7. Vacation for D.PHARM: Summer: No of Days Winter: No of Days

8. Total Number of working days for D.PHARM

9. Time Table copy Enclosed: (Tick ✓)

a. B. Pharm course Yes No

b. D.Pharm Course Yes No

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

I B. Pharm: Not Applicable

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		

Signature of the Head of the Institution

Signature of the Inspectors

II B. Pharm: Not Applicable

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		

III B. Pharm: Not Applicable

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		

IV B. Pharm: Not Applicable

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		

Signature of the Head of the Institution

Signature of the Inspectors

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

Class/Subject	Theory		Practicals			Remark of the Inspectors
	Prescribed No of Hours	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted Number of Classes	No of Classes Conducted with duration per class	
I D. Pharm						
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		----	----		
II D. Pharm						
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		

12. Whether Tutorials are being conducted: Not Applicable
(if any, as per university norms)

Yes

No

13. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last year

A. Not Applicable

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures			
Seminars			
Workshops			
Symposia			

Signature of the Head of the Institution

Signature of the Inspectors

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

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
Published						
Presented						

14. Whether Internal Assessments are conducted periodically as per university / Board norms:

Not Applicable

Yes No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
	B.PHARM						
I B. Pharm							
II B. Pharm							
III B. Pharm							
IV B. Pharm							
D.PHARM							
I D. Pharm							
II D. Pharm							

15. Whether Evaluation of the internal assessments is Fair Yes No Not Applicable

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

17. Work load of Faculty members for D. Pharm and B. Pharm: Not Applicable

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

Signature of the Head of the Institution

Signature of the Inspectors

18. Work load of Faculty members for B. Pharm: Not Applicable

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		

19. Workload of Faculty members for D. Pharm: Not Applicable

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		

20. Percentage of students qualified in GATE in the last Three Years: Not Applicable

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared			
No. of Students Qualified			
Percentage			

21. Whether the Institution has an Industry – Institution Interaction cell Yes No
For B. Pharm

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: Not Applicable

Year	Year 200-	Year 200-	Year 200-
No. of students appeared for campus interview			
% Placed			

23. Whether Professional Society Activities are Conducted (Enclose Details)

(ISTE, IPA, APTI, ICTA and Related Societies): Not Applicable

Yes No

Signature of the Head of the Institution

Signature of the Inspectors

PART IV - PERSONNEL

TEACHING STAFF: (Teaching Faculty identified through Local Selection Process)

1. Details of Teaching Faculty for D. Pharm and 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

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

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 UG	After PG			

4. Qualification and number of Staff Members

Qualification							
B. Pharm		M. Pharm		PhD		Others	
							Part Time

5. Staff Pattern for B. Pharm courses department wise: : Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 60 students	Provided by the institution	Remarks of the Inspectors of inspection team
Department of Pharmaceutics	Professor	1		
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmaceutical Chemistry (including Pharmaceutical Analysis)	Professor	1		
	Asst. Professor	1		
	Lecturer	4		
Department of Pharmacology	Professor	1		
	Asst. Professor	1		
	Lecturer	3		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	2		

Signature of the Head of the Institution

Signature of the Inspectors

6. 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		1		1	
Pharmaceutical Chemistry	1	01	2		3		4	
Pharmaceutical Analysis	1	01	..		-		1	
Pharmacology	1	01	2		3		4	
Pharmacognosy	1	01	2		3		3	
Pharmaceutics	1	01	2		3		4	
Total	6	06	9	Not Applicable	13	Not Applicable	17	Not Applicable
Part time teaching Staff	3	03	-		-		-	
Remarks of the Inspection Team								

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

7. Selection criteria and Recruitment Procedure for Faculty:

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

8.Details of Faculty Retention for: Not Applicable

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.	

9. Details of Faculty Turnover: Not Applicable

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

10. Number of Non-teaching staff available for D. Pharm and B. 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	1 for each Dept	D. Pharm	04	D. Pharm	
2	Laboratory Assistants/ Attenders	1 for each Lab (minimum)	SSLC	04	SSC	
3	Office Superintendent	1	Degree	01	BA	
4	Accountant	1	Degree	01	B.Com	
5	Store keeper	1	D. Pharm/ Degree	01	D. Pharm	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	BCA	
7	First Division Assistant	1	Degree	--	--	
8	Second Division Assistant	2	Degree	--	--	
9.	Peon	2	SSLC	02	SSC	
10	Cleaning personnel	Adequate	---	Adequate		
11	Gardener	Adequate	---	Adequate		

Signature of the Head of the Institution

Signature of the Inspectors

11. Scale of pay for Teaching faculty (to be enclosed): Not Applicable

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? Not Applicable

(Inspectors to verify documents pertaining to the above)

13. Whether faculty members are allowed to attend workshops and seminars? Not Applicable

(Inspectors to verify documents pertaining to the above)

14. Scope for the promotion for faculty: Pro motions Yes No

15. Gratuity Provided Yes No

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

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

17. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. Yes/ No

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Registers		√	
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		√	

Signature of the Head of the Institution

Signature of the Inspectors

PART - VI

1. **Financial Resource allocation and utilization fro the past three years:** Enclosed Audited statements of Sant Dnyaneshwar Shikshan Sanstha
(Audited Accounts for previous year to be enclosed)

Sl	Expenditure in Rs.			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	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:**

Sl	Expenditure in Rs. (2016-17)			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
01	Chemicals	--	--	Chemicals			Chemicals			
02	Glassware	4,00,000.00	3,19,888.00	Glassware			Glassware			

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

Sl	Expenditure in Rs. (2016-17)			Expenditure in Rs.			Expenditure in Rs			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
01	Equipment	30,00,000.00	24,06,118.00	Equipment			Equipment			

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

Sl No.	Expenditure in Rs. (2016-17)			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	12,00,000.00	07,44,789.00	Books			Books			
2	Journals	02,00,000.00	01,45,852.00	Journals			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

**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 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	05	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 bacteria proof filtration (four different grades)	Adequate	Adequate	Yes	

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26	Millipore filter (3 grades)	Adequate	Adequate	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	01	Yes	
33	Sieves set (Pharmacopoeial standard)*	02	02	Yes	
34	Lab Centrifuge	01	01	Yes	
35	Ointment slab	Adequate	Adequate	Yes	
36	Ointment spatula	Adequate	Adequate	Yes	
37	Pestle and mortar porcelain	Adequate	Adequate	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 glassware commonly used in the laboratory should be provided in each laboratory and 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	Adequate	Yes	

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

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Signature of the Inspectors

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 organ bath	01	01	Yes	
4	Sherington's rotating drum*	01	--		
5	Frog board	Adequate	Adequate	Yes	
6	Tray (dissecting)	Adequate	Adequate	Yes	
7	Frontal writing lever*	Adequate	Adequate	Yes	
8	Aeration tube*	Adequate	Adequate	Yes	
9	Telethermometer	01	01	Yes	
10	Pole climbing apparatus*	01	--		
11	Histamine chamber	01	01	Yes	
12	Simple lever*	Adequate	Adequate	Yes	
13	Sterling heart lever*	Adequate	Adequate	Yes	
14	Aerator*	Adequate	Adequate	Yes	
15	Histological Slides	Adequate	Adequate	Yes	
16	Sphygmomanometer* (B.P. apparatus)	05	05	Yes	
17	Stethoscope*	05	05	Yes	
18	First aid equipment	Adequate	Adequate	Yes	
19	Contraceptive device*	Adequate	Adequate	Yes	
20	Dissecting (surgical) instruments	Adequate	--		
21	Balance for weighing small Animals	01	01	Yes	
22	Kymograph paper	Adequate	Adequate	Yes	
23	Actophotometer*	01	--		
24	Analgesiometer*	01	01	Yes	
25	Thermometer	Adequate	Adequate	Yes	
26	Plastic animal cage	Adequate	Adequate	Yes	
27	Double unit organ bath with thermostat	01	01	Yes	
28	Refrigerator	01	01	Yes	
29	Digital balance	01	01	Yes	
30	Charts	Adequate	Adequate	Yes	
31	Human skeleton*	01	01	Yes	

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32	Anatomical specimen (Heart, brain, eye, ear, reproductive system etc.)*	01 set	01 set	Yes	
33	Electro-convulsimeter*	01	01	Yes	
34	Stop watch	Adequate	Adequate	Yes	
35	Clamp, boss heads, screw clips*	Adequate	Adequate	Yes	
36	Syme's Cannula*	Adequate	Adequate	Yes	

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

PHARMACOGNOSY 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	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 glassware commonly used in the laboratory should be provided in each laboratory and department.

PHARMACY PRACTICE LABORATORY

Equipment:

SI No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	2	--		
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	

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10	Autoclave sterilizer	1	1	Yes	
11	Membrane filter	1 Unit	1 Unit	Yes	
12	Sintered glass funnel with complete filtering assemble	Adequate	Adequate	Yes	
13	Small disposable membrane filter for IV admixture filtration	Adequate	--		
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 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.**

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Signature of the Inspectors

II Department wise List of Minimum equipments required for B. Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes*	15	15	Yes	
2	Haemocytometer with Micropipettes*	20	10	Yes	
3	Sahli's haemocytometer	20	10	Yes	
4	Hutchinson's spirometer	01	0	Yes	
5	Spymomanometer*	5	5	Yes	
6	Stethoscope*	5	5	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	One pair of each tissue Organs and endocrine glands One slide of each organ system	Yes	
8	Models for various organs	One model of each organ system	One model of each organ system	Yes	
9	Specimen for various organs and systems*	One model for each organ system	One model for each organ system	Yes	
10	Skeleton and bones*	One set of skeleton and one spare bone	One set of skeleton and one spare bone	Yes	
11	Different Contraceptive Devices and Models*	One set of each device	05	Yes	
12	Muscle electrodes	01	--		
13	Lucas moist chamber	01	--		
14	Myographic lever	01	--		
15	Stimulator	01	--		
16	Centrifuge	01	01	Yes	
17	Electronic Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	05	Yes	
20	Sherrington Drum*	10	05	Yes	
21	Perspex bath assembly (single unit)	10	05	Yes	

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

Apparatus:

Sl. No.	Name	Minimum required Nos	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	--		
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	20	Yes	

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

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	15	10	Yes	
2	Digital Balance	02	02	Yes	
3	Autoclave	02	02	Yes	
4	Hot air oven	02	02	Yes	
5	B.O.D. incubator	01	--		
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	01	Yes	
9	Zone reader	01	01	Yes	

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10	Digital pH meter	01	01	Yes	
11	Microscope with stage and oil immersion objective	20	10	Yes	
12	Sterility testing unit	01	--		
13	Camera Lucida	15	15	Yes	
14	Eye piece micrometer	15	15	Yes	
15	Stage micrometer	20	10	Yes	
16	Incinerator	01	--		
17	Moisture balance	01	01	Yes	
18	Heating mantle	15	05	Yes	
19	Flourimeter	01	--		
20	Vacuum pump	02	01	Yes	
21	Micropipettes(Single and multi channeled)	02	01	Yes	
22	Micro Centrifuge	01	--		
23	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	15	Yes	
3	Clavengers apparatus	10	02	Yes	
4	Soxhlet apparatus	10	10	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	01	Yes	

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Signature of the Inspectors

5	Digital balance 10mg sensitivity	10	01	Yes	
6	Suction pumps	06	--		
7	Muffle Furnace	01	01	Yes	
8	Mechanical Stirrers	10	03	Yes	
9	Magnetic Stirrers with Thermostat	10	05	Yes	
10	Vacuum Pump	01	01	Yes	
11	Digital pH meter	01	01	Yes	
12	Microwave Oven	01	--		

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	40	Yes	
5	Arsenic Limit Test Apparatus	20	08	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	Homogenizer	05	01	Yes	
2	Digital balance (10 mg sensitivity)	05	01	Yes	
3	Microscopes	05	05	Yes	
4	Stage and eye piece micrometers	05	05	Yes	
5	Brookfield's viscometer	01	--	--	
6	Ball mill*	01	01	Yes	
7	Sieve shaker with sieve set*	01	01	Yes	
8	Double cone blender	01	01	Yes	
9	Propeller type mechanical agitator	05	02	Yes	
10	Autoclave*	01	01	Yes	
11	Steam distillation still	01	01	Yes	

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12	Vacuum Pump*	01	01	Yes	
13	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	02-sets	Yes	
14	Tablet punching machine	01	01	Yes	
15	Capsule filling machine*	01	01	Yes	
16	Ampoule washing machine*	01	01	Yes	
17	Ampoule filling and sealing machine*	01	01	Yes	
18	Tablet disintegration test apparatus IP	01	01	Yes	
19	Tablet dissolution test apparatus IP	01	01	Yes	
20	Monsanto's hardness tester	01	01	Yes	
21	Pfizer type hardness tester	01	01	Yes	
22	Friability test apparatus*	01	01	Yes	
23	Clarity test apparatus	01	--		
24	Ointment filling machine*	01	--		
25	Collapsible Tube Crimping Machine*	01	01	Yes	
26	Tablet coating pan*	01	01	Yes	
27	Magnetic stirrer, 500ml and 1 liter capacity*, with variable speed control.	10	10	Yes	
28	Digital pH meter	02	02	Yes	
29	All purpose equipment with all accessories	01	--	Yes	
30	Aseptic Cabinet	01	--	Yes	
31	BOD Incubator	02	--	Yes	
32	Bottle washing Machine	01	01	Yes	
33	Bottle Sealing Machine	01	01	Yes	
34	Bulk Density Apparatus	02	01	Yes	
35	Conical Percolator (glass/ copper/ stainless steel)	10	05	Yes	
36	Capsule Counter	02	--		
37	Energy meter	02	--		
38	Hot Plate	02	02	Yes	
39	Humidity Control Oven	01	--		
40	Liquid Filling Machine	01	01	Yes	
41	Mechanical stirrer with speed regulator	02	02	Yes	
42	Precision Melting point Apparatus	01	--		
43	Tray Drier	01	--		
44	Distillation Unit	01	01	Yes	

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Signature of the Inspectors

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	15	15	Yes	
2	Stalagmometer	15	15	Yes	
3	Desiccator*	05	05	Yes	
4	Suppository moulds	20	10	Yes	
5	Buchner Funnels Small, medium, large	05 each	05 each	Yes	
6	Filtration assembly	01	01	Yes	
7	Permeability Cups	05	--	--	
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

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	01	Yes	
9	Diagnostic kits to identify infectious agents	01	--		
10	Rheometer	01	--		
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	--		
13	Sonicator	01	--		
14	Respinometer	01	--		
15	BOD Incubator	01	--		

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16	Paper Electrophoresis Unit	01	--		
17	Micro Centrifuge	01	--		
18	Incubator water bath	01	--		
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

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

CENTRAL INSTRUMENTATION ROOM:

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

*** Items marked with asterisk are common for B.Pharm and D. Pharm**

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

The identified staff has given the consent letter to join the institute as and when PCI, AICTE, Government of Maharashtra, Shivaji University, MSBTE gives permission to start new institute from the academic year 2016-2017.

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) :-

	Amount Received	TDS
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

