

PHARMACY COUNCIL OF INDIA

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

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

(SIF-B-1)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:-

FILE No. :

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)

2.

PART – I

A - GENERAL INFORMATION

A – I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	<i>School of Pharmacy G.H. Raisonni University, Anjangaon Bari Road, Amravati – (Maharashtra) 9604092222 0712-2385432, 7710062968 info.ghru@raisonni.net</i>
Year of starting of the course	Degree <u>2018-19</u>
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of √Society/Trust)	<i>Private University</i> (Enclosure-1)
A – I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	<i>Chaitanya Bahu Uddeshiya Sanstha 0712 6617181/6617182 sunilraisonni@raisonni.org www.raisonni.net</i> (Enclosure- 2)

Signature of the Head of the Institution

Signature of the Inspectors

A – I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	<p style="text-align: center;">Mr. Sunil Raisonni – Chancellor of G.H.Raisonni University, Anjangaon Bari Road (M.S) 0712- 6617181/6617182</p> <p>9604092222 0712-6630782 sunilraisonni@raisonni.org</p>
A – I.4 Name and Address of the Head of the Institution	<p>Prof. (Dr) Suhas Naryan Sarkarkar Head of The Department, School of Pharmacy G.H. Raisonni University, Anjangaon Bari Road, Amravati – (Maharashtra) <u>suhas.sakarkar@ghru.edu.in</u> 9588698705,7028070658</p>

A –I. 5
FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL
a. Details of Affiliation Fee Paid
(Enclosure-3A)

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B.Pharm	2018-19	DD No. (250000/-)		

b. APPROVAL STATUS:
(Enclosure- 3B)

Name of the Course	Appr oved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B.Pharm		Approval Letter No and Date		MAHBIL/2009/37 831		
		Approved Intake				
		Actually Admitted				

c. STATUS OF APPLICATION
Signature of the Head of the Institution
Signature of the Inspectors

COURSES INSPECTED FOR

Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
					Current Intake	Proposed increase in Intake
B. Pharm	Yes <input checked="" type="checkbox"/>	No	Yes	No		100

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

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 number
and STD code:

The Registrar

*School of Pharmacy
G.H. Raisonni University,
Anjangaon Bari Road,
Amravati – (Maharashtra) 444602
Phone No. 9657724192*

Signature of the Head of the Institution

Signature of the Inspectors

B - DETAILS OF THE INSTITUTION

(Enclosure-4)

B -I.1		Dr. Suhas N. Sakarkar			
Name of the Principal/Dean					
Qualification/ Experience	Qualification*		Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	M. Pharm, Ph.D.	<i>15 years out of which 5 years as Prof./H.O.D.</i>	20 years	
	Ph.D.		<i>10 years, out of which at least 05 years as Asst. Prof.</i>		

* Documentary evidence should be provided

B -I.2

For institution seeking continuation of affiliation

(Enclosure-5)

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

* Enclose Documents

B -I.3

Status of Governing Council:	University
Details of the Governing Body	√ Enclosed (Enclosure-2)
Minutes of the last Governing council Meeting	√ Enclosed (Enclosure-3)

B -I.4 Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	As per UGC	YES	YES	YES	
Non-Teaching Staff	State Government √Yes / No	YES	YES	YES	

B -I.5

B. Pharm Course: Admission statement for the past three years:

NA

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
Sanctioned	0	0	0
No. of Admissions	0	0	0
Unfilled Seats	0	0	0
No. of Excess Admissions	0	0	0

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 NA

ACADEMIC YEAR	Year 2014-15	Year 2015-16	Year 2016-17
1st year	0	0	0
2nd year	0	0	0
3rd year	0	0	0
Final year	0	0	0
Pass % (Final Year)	0	0	0

B – II

Co – Curricular Activities / Sports Activities:

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	
Physical Instructor	
Sports Ground	

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 (Lakh)	Sl. No.	Particulars	Amount (Lakh)	
1.	Grants a. Government b. Others		CAPITAL EXPENDITURE			
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others (Seminar Grant)		1	Salary		
			2.	MAINTENANCE EXPENDITURE		
				i	College	
				ii	Others	
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
				Others		
Total			8.	Misc.Expenditure		
			Total			

Note: Enclose relevant documents

Signature of the Head of the Institution

Signature of the Inspectors

PART- II PHYSICAL INFRASTRUCTURE

1. a. Availability of Land (B. Pharm courses) : ✓ Available
 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
 i) Own- Records to be enclosed
 Sale deed : ✓ Enclosed/ Not available (Enclosure-8)
 d. Building[†]:
 i) Approved Building plan, to be enclosed : ✓ Enclosed/ Not available(Enclosure-9)

e. Total Built Area of the college building in Sq.mts : Built up Area 4386

Amenities and Circulation Area 1150

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 room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	06	6 of 90 Sq. mts each or 4 of 150 sq.mts. with Public address system	600 sq. m.	

(* To accommodate 100 students)

3. Laboratory requirement at the end of 4 Years

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq .mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts – Essential	1200sq. m.	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm Course	01 Laboratories 01 Laboratories 01 Laboratory 01 Laboratories 01 Laboratories 01 Laboratory 6 Laboratories*	100 sq.mts 100 sq.mts 100 sq.mts 100 sq.mts 100 sq.mts 100 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	
4	Area of the Machine Room	80-100 Sq.mts	100 sq mtr	
5	Central Instrumentation Room	80 Sq.mts with A/ C	80 sq mtr	
6	Store Room – I	1 (Area 100 Sq mts)	100 sq mtr	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20 sq mtr	

*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 .m.	01	30	
2	Office – I - Establishment	01	60 sq. m.	01	30	
3	Office – II - Academics				30	
4	Confidential Room				70	

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	1	80 sq. mts	
2	Faculty Rooms for D.Pharm & B.Pharm course		10 Sq mts x n (n=No of teachers)	1	40 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	<i>Not available as for UGC guideline</i>		
2	Library	01	150 Sq mts	<i>Available</i>	<i>300 sq mts</i>	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	<i>Available</i>	<i>50 sq.mts</i>	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity			
5	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	<i>01</i>	<i>1000 sq.mts</i>	

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.m.	01	90	
2	Boy's Common Room (Essential)	01	60 sq.m.	01	90	
3	Toilet Blocks for Boys	01	24 sq.m.	01	27	
4	Toilet Blocks for Girls	01	24 sq.m.	01	27	
5	Drinking Water facility – Water Cooler (Essential).	01		01	15	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	01	2770	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	2770	
8	Power Backup Provision (Desirable)	01		01	Yes	

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	100	
Computer (Latest Configuration)	1 system for every 10 students	12	100	
Printers	1 printer for every 10 computers	02		
Multi Media Projector	01	02		
Generator (5KVA)	01	01		

Signature of the Head of the Institution

Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	0	0	Not available	
Staff quarters	16 x 80 Sq. mts	0	0	Not available	
Canteen	100 Sq. mts	1	100	Available	
Parking Area for staff and students		1	1000	Available	
Bank Extension Counter		0	0	Not Available	
Co operative Stores		1	100	Available	
Guest House	80 Sq. mts	0	0	Available	
Auditorium	01	0	0	Not Available	
Seminar Hall	01	1	450	Available	
Transport Facilities for students			Available	Available	
Medical Facility (First Aid)			Available	Available	

10. A. Library books and periodicals

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

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

Signature of the Head of the Institution

Signature of the Inspectors

10. B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

B. Pharm II Semester: NA

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		

B. Pharm III Semester: NA

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

B. Pharm IV Semester: NA

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		

B. Pharm V Semester: NA

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		

B. Pharm VI Semester:

NA

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		

B. Pharm VII Semester: NA

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		

B. Pharm VIII Semester:

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

8. Whether Tutorials are being conducted Yes No
 (if any, as per university norms)

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

A.

Name of the Event	Year 2014-15	Year 2015-16	Year 2016-17
Guest Lectures			
Seminars			
Workshops			
Symposia			

B. Papers Presented / Published during last three years:

	Year 2014-15		Year 2015-16		Year 2016-17	
	National	International	National	International	National	International
Published	0	0	0	0	0	0
Presented	0	0	0	0	0	0

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

Yes No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	
B.Pharm I st Year- I SEM	NA	NA	NA	NA	
B.Pharm II nd Year- III SEM	NA	NA	NA	NA	
B. Pharm III rd Year- Vth SEM	NA	NA	NA	NA	
B. Pharm IV th Year- VII th SEM	NA	NA	NA	NA	

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	
B.Pharm I st Year- II SEM	NA	NA	NA	NA	
B.Pharm II nd Year- IV SEM	NA	NA	NA	NA	
B. Pharm III rd Year- VIth SEM	NA	NA	NA	NA	
B. Pharm IV th Year- VIII th SEM	NA	NA	NA	NA	

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

Signature of the Head of the Institution

Signature of the Inspectors

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 B.Pharm	NA	NA	NA	NA	NA	NA	NA	NA	
II B.Pharm	NA	NA	NA	NA	NA	NA	NA	NA	
III B.Pharm	NA	NA	NA	NA	NA	NA	NA	NA	
IV B.Pharm	NA	NA	NA	NA	NA	NA	NA	NA	

Signature of the Head of the Institution

Signature of the Inspectors

PART IV – PERSONNEL

TEACHING STAFF:

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

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

2. Qualification and number of Staff Members

Qualification		
M. Pharm	Ph.D.	Others – Full Time

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

	No. of staff required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
Total	25
*Part time teaching Staff	3
Remarks of the Inspection Team	

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

Signature of the Head of the Institution

Signature of the Inspectors

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

Professor: Asst. Professor: Lecturer

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1	1	
	Asst Professor	2	0	
	Lecturer	3	0	
Department of Pharmaceutical Chemistry	Professor	1	0	
	Asst Professor	3	0	
	Lecturer	3	0	
Department of Pharmacology	Professor	1	0	
	Asst Professor	2	0	
	Lecturer	1	0	
Department of Pharmacognosy	Professor	1	0	
	Asst Professor	1	0	
	Lecturer	2	0	
Department of Pharmacy Practice	Asst Professor	1	0	
	Lecturer	1	0	
Department of Pharmaceutical Analysis	Asst Professor	1	0	
	Lecturer	1	0	

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

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

Signature of the Head of the Institution

Signature of the Inspectors

6. Details of Faculty Retention for:

Sr. No.	Name of Faculty Member	Period	%

Signature of the Head of the Institution

Signature of the Inspectors

7. Details of Faculty Turnover:

NA

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

8. Number of Non-teaching staff available for B. Pharm course for intake of 100 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			
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC			
3	Office Superintendent	1	Degree			
4	Accountant	1	Degree			
5	Store keeper	1	D. Pharm/ Degree			
6	Computer Data Operator	1	BCA / Graduate with Computer Course			
7	Office Staff I	1	Degree			
8	Office Staff II	2	Degree			
9	Peon	2	SSLC			
10	Cleaning personnel	Adequate	---			
11	Gardener	Adequate	---			

Signature of the Head of the Institution

Signature of the Inspectors

9. Scale of pay for Teaching faculty (to be enclosed): (Enclosure-15)

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

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

YES

(Inspectors to verify documents pertaining to the above)

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

YES

(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: Promotions

Yes

No

13. Gratuity Provided

Yes

No

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

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

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

Signature of the Head of the Institution

Signature of the Inspectors

PART V - DOCUMENTATION

Records Maintained: Essential

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Register			
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.	Acquaintance 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 for the past three years:
(Audited Accounts for previous year to be enclosed)**

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs 2016-17			Remarks of the Inspectors*
No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	Non Returning	
	0	0	0	0	0	0	0	0	0	

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

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Chemicals	0	0	0	0	0	0	0	0	
	Glassware	0	0	0	0	0	0	0	0	

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

Sl	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
	Equipment	0	0	Equipment	0	0	Equipment	0	0	

Signature of the Head of the Institution

Signature of the Inspectors

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

Sl. No.	Expenditure in Rs. 2014-15			Expenditure in Rs. 2015-16			Expenditure in Rs. 2016-17			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
1	Books	0	0	Books	0	0	Books	0	0	
2	Journals	0	0	Journals	0	0	Journals	0	0	

*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

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	20	15	Yes	
2	Haemocytometer with Micropipettes	20	20	Yes	
3	Sahli's haemocytometer	20	20	Yes	
4	Hutchinson's spirometer	01	01	Yes	
5	Spygmomanometer	10	05	Yes	
6	Stethoscope	10	05	Yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	10	Yes	
8	Models for various organs	One model of each organ system	01 each model	Yes	
9	Specimen for various organs and systems	One model for each organ system	01 each model	Yes	
10	Skeleton and bones	One set of skeleton and one spare bone	02	Yes	
11	Different Contraceptive Devices and Models	One set of each device	01 each model	Yes	
12	Muscle electrodes	01	01	Yes	
13	Lucas moist chamber	01	01	Yes	
14	Myographic lever	01	01	Yes	
15	Stimulator	01	01	Yes	
16	Centrifuge	01	01	Yes	
17	Digital Balance	01	01	Yes	
18	Physical /Chemical Balance	01	01	Yes	
19	Sherrington's Kymograph Machine / Polyrite	10	10	Yes	

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20	Sherrington Drum	10	10	Yes	
21	Perspex bath assembly (single unit)	10	10	Yes	
22	Aerators	10	10	Yes	
23	Computer with LCD	01	01	Yes	
24	Software packages for experiment	01	00	In Process	
25	Standard graphs of various drugs	Adequate number	Adequate	Yes	
26	Actophotometer	01	01	Yes	
27	Rotarod	01	01	Yes	
28	Pole climbing apparatus	01	01	Yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	01	Yes	
30	Convulsiometer	01	01	Yes	
31	Plethysmograph	01	01	Yes	
32	Digital pH meter	01	01	Yes	

Apparatus:

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

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DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	20	15	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	01	Yes	
6	Refrigerator	01	01	Yes	
7	Laminar air flow	01	01	Yes	
8	Colony counter	02	02	Yes	
9	Zone reader	01	01	Yes	
10	Digital pH meter	01	01	Yes	
11	Sterility testing unit	01	01	Yes	
12	Camera Lucida	20	10	Yes	
13	Eye piece micrometer	20	10	Yes	
14	Incinerator	01	01	Yes	
15	Moisture balance	01	01	Yes	
16	Heating mantle	20	10	Yes	
17	Flourimeter	01	01	Yes	
18	Vacuum pump	02	02	Yes	
19	Micropipettes (Single and multi channeled)	05	05	Yes	
20	Micro Centrifuge	01	01	Yes	
21	Projection Microscope	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20	20	Yes	
2	Water bath	20	20	Yes	
3	Clavengers apparatus	10	05	Yes	
4	Soxhlet apparatus	10	5	Yes	
5	TLC chamber and sprayer	10	5	Yes	
6	Distillation unit	01	01	Yes	

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DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

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Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05	05	Yes	
2	Oven	03	03	Yes	
3	Refrigerator	01	01	Yes	
4	Analytical Balances for demonstration	05	05	Yes	
5	Digital balance 10mg sensitivity	10	05	Yes	
6	Suction pumps	06	03	Yes	
7	Muffle Furnace	01	01	Yes	
8	Mechanical Stirrers	10	03	Yes	
9	Magnetic Stirrers with Thermostat	10	10	Yes	
10	Vacuum Pump	01	01	Yes	
11	Digital pH meter	01	01	Yes	
12	Microwave Oven	02	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02	02	Yes	
2	Reflux flask and condenser single necked	20	20	Yes	
3	Reflux flask and condenser double / triple necked	20	20	Yes	
4	Burettes	100	40	Yes	
5	Arsenic Limit Test Apparatus	25	05	Yes	
6	Nessler's Cylinders	50	40	Yes	

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DEPARTMENT OF PHARMACEUTICS**Equipment:**

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1.	Mechanical stirrer	20	10	Yes	

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2.	Homogenizer	10	02	Yes	
3.	Digital balance (10 mg sensitivity)	05	01	Yes	
4.	Microscopes	10	05	Yes	
5.	Stage and eye piece micrometers	15	05	Yes	
6.	Brookfield's viscometer	01	00	NO	
7.	Tray dryer	01	01	Yes	
8.	Ball mill	01	01	Yes	
9.	Sieve shaker with sieve set	01	01	Yes	
10.	Double cone blender	01	01	Yes	
11.	Propeller type mechanical agitator	05	01	Yes	
12.	Autoclave	01	01	Yes	
13.	Steam distillation still	01	01	Yes	
14.	Vacuum Pump	01	01	Yes	
15.	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets	10 sets	Yes	
16.	Tablet punching machine	01	01	Yes	
17.	Capsule filling machine	01	01	Yes	
18.	Ampoule washing machine	01	01	Yes	
19.	Ampoule filling and sealing machine	01	01	Yes	
20.	Tablet disintegration test apparatus IP	01	01	Yes	
21.	Tablet dissolution test apparatus IP	01	01	Yes	
22.	Monsanto's hardness tester	01	01	Yes	
23.	Pfizer type hardness tester	01	01	Yes	
24.	Friability test apparatus	01	01	Yes	
25.	Clarity test apparatus	01	01	Yes	
26.	Ointment filling machine	01	01	Yes	
27.	Collapsible tube crimping machine	01	01	Yes	
28.	Tablet coating pan	01	01	Yes	
29.	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 each 10	5	Yes	
30.	Digital pH meter	02	02	Yes	
31.	All purpose equipment with all accessories	01	01	Yes	
32.	Aseptic Cabinet	01	01	Yes	
33.	BOD Incubator	02	02	Yes	
34.	Bottle washing Machine	01	01	Yes	

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35.	Bottle Sealing Machine	01	01	Yes	
36.	Bulk Density Apparatus	02	02	Yes	
37.	Conical Percolator (glass/ copper/ stainless steel)	10	10	Yes	
38.	Capsule Counter	02	02	Yes	
39.	Energy meter	02	02	Yes	
40.	Hot Plate	02	02	Yes	
41.	Humidity Control Oven	01	01	Yes	
42.	Liquid Filling Machine	01	01	Yes	
43.	Mechanical stirrer with speed regulator	02	02	Yes	
44.	Precision Melting point Apparatus	01	01	Yes	
45.	Distillation Unit	01	01	Yes	

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	20	15	Yes	
2	Stalagmometer	20	15	Yes	
3	Desiccator	10	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	05	Yes	
8	Andreason's Pipette	05	03	Yes	
9	Lipstick moulds	10	10	Yes	

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PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01	01	Yes	
2	Lyophilizer (Desirable)	01	00		
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	Yes	
4	Phase contrast/Trinocular Microscope	01	00		
5	Refrigerated Centrifuge	01	01	Yes	
6	Fermenters of different capacity (Desirable)	01	00		
7	Tissue culture station	01	00		
8	Laminar airflow unit	01	01	Yes	
9	Diagnostic kits to identify infectious agents	01	01	Yes	
10	Rheometer	01	00		
11	Viscometer	01	01	Yes	
12	Micropipettes (single and multi channeled)	01 each	01	Yes	
13	Sonicator	01	01	Yes	
14	Respinometer	01	00		
15	BOD Incubator	01	01	Yes	
16	Paper Electrophoresis Unit	01	01	Yes	
17	Micro Centrifuge	01	01	Yes	
18	Incubator water bath	01	01	Yes	
19	Autoclave	01	01	Yes	
20	Refrigerator	01	01	Yes	
21	Filtration Assembly	01	01	Yes	
22	Digital pH meter	01	01	Yes	

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CENTRAL INSTRUMENTATION ROOM:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	<i>Yes</i>	
2	Digital pH meter	01	01	<i>Yes</i>	
3	UV- Visible Spectrophotometer	01	01	<i>Yes</i>	
4	Flourimeter	01	01	<i>yes</i>	
5	Digital Balance (1mg sensitivity)	01	01	<i>Yes</i>	
6	Nephelo Turbidity meter	01	01	<i>Yes</i>	
7	Flame Photometer	01	01	<i>Yes</i>	
8	Potentiometer	01	01	<i>Yes</i>	
9	Conductivity meter	01	01	<i>Yes</i>	
10	Fourier Transform Infra Red Spectrometer (Desirable)	01	00		
11	HPLC	01	00		
12	HPTLC (Desirable)	01	00		
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01	00		
14	Biochemistry Analyzer (Desirable)	01	00		
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01	00		
16	Deep Freezer (Desirable)	01	00		
17	Ion- Exchanger	01	01	<i>Yes</i>	
18	Lyophilizer (Desirable)	01	00		

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Compliance of the last recommendations by Inspectors

Specific observations if not complied

Observation of the Inspectors:

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.

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