

## PHARMACY COUNCIL OF INDIA

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

(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

<b>A – I.1</b> Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	Sagar Institute of Research & Technology- Pharmacy, SAGAR INSTITUTE OF RESEARCH & TECHNOLOGY- PHARMACY Ayodhya Bye Pass Road, Bhopal -462 041. 0755 3983120 07553983102 sirtpharmacy@gmail.com
Year of starting of the course	2004
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	Society
<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:	Shri Agarwal Technical Education Society, Bhopal Sagar Plaza, 250, Zone " II., M. P. Nagar Bhopal 0755 3983100 07553983102 sirtpharmacy@gmail.com www.sirtpharmacy.ac.in
<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	DR SURENDRA JAIN DIRECTOR SIRT - PHARMACY, BHOPAL 0755 07553983120 3983100 9425011781 07553983102 prof.surendrajain@gmail.com
<b>A – I.4</b> Name and Address of the Head of the Institution	DR SURENDRA JAIN A-36 DWARKA DHAM KAROND AIRPORT
<b>A – I.4 a)</b> Whether the Jan Aushadhi Medical Store has been opened by your institution	Yes / No (Please tick ( ) the relevant portion)

**A –I. 5**

**FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL**

**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	Remarks of the Inspectors
B. Pharm	2017-18	003697	09/06/2017	

**b. APPROVAL STATUS:**

Name of the Course	Approved up to	In take Approved and	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	2017-18	<b>Approval Letter No and Date</b>	32-514/2011-PCI/46457-58; Dated: 07-11-2014	Central/1-3323684171/2017/EOA 30/03/2017	F-5/Acad./Affiliation/RGPV / 2017/91504/02/2017	
		<b>Approved Intake</b>	60	60	60	
		<b>Actually Admitted</b>	60	60	60	

**c. STATUS OF APPLICATION**

COURSES INSPECTED FOR						
Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
B. Pharm	Yes	No	Yes	No	60	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	<input checked="" type="checkbox"/>
Wing of another college	<input type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

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

Rajiv Gandhi Proudयोगiki Vishwavidyalaya,  
Airport Bypass Road, Gandhi Nagar. Bhopal 462 036.

Signature of the Head of the Institution

Signature of the Inspectors

**B - DETAILS OF THE INSTITUTION**

<b>B -I .1</b>		DR SURENDRA JAIN			
<b>Name of the Principal</b>					
<b>Qualification/ Experience</b>	<b>Qualification*</b>		<b>Teaching Experience Required</b>	<b>Actual experience</b>	<b>Remarks of the Inspectors</b>
	M. Pharm	yes	15 years, out of which 5 years as Prof. / HOD	20	
	PhD	yes	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**

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

\* Enclose Documents

**B -I .3**

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

**B -I .4**

**Pay Scales:**

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

**B -I .5**

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

<b>ACADEMIC YEAR</b>	<b>Year 2015-16</b>	<b>Year 2016-17</b>	<b>Year 2017-18</b>
<b>Sanctioned</b>	60	60	60
<b>No. of Admissions</b>	60	60	60
<b>Unfilled Seats</b>	0	0	0
<b>No. of Excess Admissions</b>	00	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**

<b>ACADEMIC YEAR</b>	<b>Year 2015-16</b>	<b>Year 2016-17</b>	<b>Year 2017-18</b>
<b>1<sup>st</sup> year</b>	39	39	78
<b>2<sup>nd</sup> year</b>	38	90	62
<b>3<sup>rd</sup> year</b>	60	79	77
<b>Final year</b>	94	100	93
<b>Pass % (Final Year)</b>	75	63	93

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

Whether college has NSS Unit (Yes/No)? If no give reasons	No APPLIED FOR
NSS Programme Officer's Name	Mr R P Singh
Programme conducted (mention details)	Blood donation camps, medicines & food distributes to rural areas
Whether students participating in University level cultural activities / Co- curricular/sports activities	no
Physical Instructor	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)**

**C .2 Please provide following Information**

<b>Receipts</b>			<b>Expenditure</b>			<b>Remarks of the Inspectors</b>
<b>Sl. No.</b>	<b>Particulars</b>	<b>Amount</b>	<b>Sl. No.</b>	<b>Particulars</b>	<b>Amount</b>	
<b>1.</b>	<b>Grants</b> a. Government b. Others	0	<b>CAPITAL EXPENDITURE</b>			
<b>2.</b>	<b>Tuition Fee</b>	12511222.00	<b>1.</b>	<b>Building</b>	0	
<b>3.</b>	<b>Library Fee</b>	0	<b>2.</b>	<b>Equipment</b>	117889.00	
<b>4.</b>	<b>Sports Fee</b>	0	<b>3.</b>	<b>Others</b>	0	
<b>5.</b>	<b>Union Fee</b>	0	<b>REVENUE EXPENDITURE</b>			
<b>6.</b>	<b>Others</b>	1600633.00	<b>1</b>	<b>Salary</b>	9029021.00	
			<b>2.</b>	<b>MAINTENANCE EXPENDITURE</b>		
				<b>i</b>	<b>College</b>	296997.00
				<b>ii</b>	<b>Others</b>	88971.00
			<b>3.</b>	<b>University Fee (If any)</b>	550760.00	
			<b>4.</b>	<b>Apex Bodies Fee</b>	0	
			<b>5.</b>	<b>Government Fee</b>	0	
			<b>6.</b>	<b>Deposit held by the College</b>	0	
			<b>7.</b>	<b>Others</b>	0	
			<b>8.</b>	<b>Misc.Expenditure</b>	5197614.00	
			<b>Total</b>		15163363.00	
<b>Total</b>		14111855.00				

**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  
 Records to be enclosed  
 Sale deed : Enclosed
- d. Building<sup>†</sup>:  
 i) Approved Building plan, to be Enclosed : Enclosed
- e. Total Built Area of the college building in Sq.mts : Built up Area 3140  
 Amenities and Circulation Area 1900

### 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 Or 4 of 150 sq.mts. with Public address System.	540	

(\*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	1012	
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory  10 Laboratories *	225 180 90 180 180 75 90	
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)	10	
4	Area of the Machine Room	80-100 Sq.mts	150	
5	Central Instrumentation Room	80 Sq.mts with A/ C	90	
6	Store Room – I	1 (Area 100 Sq mts)	100	
7	Store Room – II (For Inflammable chemicals)	1 (Area 20 Sq mts)	20	

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

Signature of the Head of the Institution

Signature of the Inspectors

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

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

**4. Administration Area:**

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Principal's Chamber	01	30 Sq .mts	01	45	
2	Office – I - Establishment	01	60 Sq. mts	01	45	
3	Office – II - Academics			02	50	
4	Confidential Room			01	30	

**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	4	80	
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)	2	150	

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

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts	01	80	
2	Library	01	150 Sq mts	01	200	
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)	01	50	
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 – 300 seating capacity	01	2000	
5	Seminar Hall	01		01	120	
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants	01	1000	

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	2	60	
2	Boy's Common Room (Essential)	01	60 Sq.mts	1	60	
3	Toilet Blocks for Boys	01	24 Sq.mts	04	32	
4	Toilet Blocks for Girls	01	24 Sq.mts	02	24	
5	Drinking Water facility – Water Cooler (Essential).	01		03	10	
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy	01	1200	
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)	01	1200	
8	Power Backup Provision (Desirable)	01		01	10	

**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)	1	75	
Computer (Latest Configuration)	1 system for every 10 students	50	0	
Printers	1 printer for every 10 computers	06	0	
Multi Media Projector	01	02	0	
Generator (5KVA)	01	01	0	

Signature of the Head of the Institution

Signature of the Inspectors



### 9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts	01	100		
Staff quarters	16 x 80 Sq. mts	16	1288		
Canteen	100 Sq. mts	01	120		
Parking Area for staff and students		01	1500		
Bank Extension Counter		0	0	applied	
Co operative Stores		01	10		
Guest House	80 Sq. mts	01	120		
Transport Facilities for students		01	1500		
Medical Facility (First Aid)		01	10		

### 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	809	7129	
2	Annual addition of books		150 to 200 books per year	10	150	
3	Periodicals Hard copies / online		10 National 05 International periodicals	21	21	
4	CDS		Adequate Nos	86	86	
5	Internet Browsing Facility		Yes/No (Minimum ten computers)	available		
6	Reprographic Facilities: Photo Copier Fax Scanner		01 01 01	Available Available Available		
7	Library Automation and Computerized System		Available			
8	<b>Library Timings</b>	8:30am-5:00pm				

### 10.B. Library Staff:

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

Signature of the Head of the Institution

Signature of the Inspectors

### PART III ACADEMIC REQUIREMENTS

**Course Curriculum:**

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

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

**2. Scheme of B. Pharm Course:** semester

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

<b>Commencement</b>	<b>Completion</b>
01/07/2016	30/06/2017

**4. Vacation:** Summer:  No of Days Winter:  No of Days

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

**6. Time Table:**

Time Table for B. Pharm course Enclosed Yes  No

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

**I B. Pharm:**

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

**II B. Pharm:**

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

**III B. Pharm:**

Signature of the Head of the Institution

Signature of the Inspectors

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

**IV B. Pharm:**

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

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

Y

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

Three years.

A.

Name of the Event	Year 2014-15	Year 2015-16	Year 2016-17
Guest Lectures	7	7	8
Seminars	2	3	2
Workshops	4	4	2
Symposia	1	2	1

B. Papers Presented / Published during last three years

	Year 2014-15		Year 2015-16		Year 2016-17	
	National	International	National	International	National	International
<b>Published</b>	8	4	12	5	12	5
<b>Presented</b>	33	18	18	14	21	2

Signature of the Head of the Institution

Signature of the Inspectors

**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		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm	17-24/04/17	17-24/04/17	16-22/06/17	16-22/06/17	NA	NA	
II B. Pharm	17-24/04/17	17-24/04/17	16-22/06/17	16-22/06/17	NA	NA	
III B. Pharm	20-24/03/17	20-24/03/17	16-22/06/17	16-22/06/17	NA	NA	
IV B. Pharm	20-24/03/17	20-24/03/17	16-22/06/17	16-22/06/17	NA	NA	

**11. 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 B. Pharm	2	4	47	39	4	2	0	0	
II B. Pharm	15	12	28	38	8	3	3	0	
III B. Pharm	2	7	9	18	8	8	27	8	
IV B. Pharm	7	10	25	28	9	12	5	2	

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

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

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

Details	Year 2014-15	Year 2015-16	Year 2016-17
No. of Students Appeared	16	8	14
No. of Students Qualified	4	1	6
Percentage	25	12.5	42.8

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

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	2
Industrial Tour	1
Industrial Training	2
No. of Resource Persons from the Industry for Guest Lectures	3
No. of Collaboration projects with Industry	0

Signature of the Head of the Institution

Signature of the Inspectors

**15. Percentage of students Placed through the College Placement Cell in the Last Three Years**

<b>Year</b>	<b>Year 2014-15</b>	<b>Year 2015-16</b>	<b>Year 2016-17</b>
<b>No. of students appeared for campus interview</b>	30	25	21
<b>% Placed</b>	25	30	38

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

<b>Yes</b>	<b>No</b>
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**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:

SI No	Name	Designation	Qualification	Date of Joining	Teaching	State Pharmacy Council	Signature of the faculty	Remarks of the Inspectors
					After PG			
1	DR. SURENDRA JAIN	Director/	M.Pharm, PhD	10-Aug-09	20 Years	24160		
2	DR. R B GOSWAMI	Prof.	M.Pharm, PhD	1-Oct-11	15 Years	17286		
3	DR. NARAYAN SINGH LODHI	Prof.	M.Pharm, PhD	03-Jan-07	34 Years	19256		
4	DR. ASHISH ACHARYA	Prof.	M.Pharm, PhD	18-Sep-15	09 Years	13243		
5	DR. RUCHI JAIN	Prof.	M.Pharm, PhD	4-Aug-08	11 Years	15851		
6	DR. Neelima Goswami	Asso. Prof.	M.Pharm, PhD	20-feb -2006	10Years	17285		
7	DR. JYOTI SHRIVASTAVA	Asso. Prof.	M.Pharm, PhD	1-Apr-12	08 Years	15438		
8	DR. SITA SHARAN PATEL	Asso. Prof.	M.Pharm, PhD	15-Mar-16	09 Years	17416		
9	MR. RAMSANEH RAGHUWANSHI	Asso. Prof.	M.Pharm, PhD*	18-Sep-15	11 Years	16904		
8	MR. PRIYAL JAIN	Asso. Prof.	M.Pharm, PhD*	6-Jan-10	7 Years	17767		
9	MS. DURGA PANDEY	Asso. Prof.	M.Pharm, PhD*	1-Aug-12	09 Years	14053		
10	Mr. Ritesh Agrawal	Asso. Prof.	M.Pharm	28-Dec-16	08 Year	13560		
11	Ms. Suchi Thakur	A.P.	M.Pharm	9-Jan-17	4 year	33751		
12	Mr. Raja Thakur	A.P.	M.Pharm	28-June-17	02 months	31903		
13	Ms. Misha Masood	A.P.	M.Pharm	2-Jan-17	1.5 years	39711		
14	Ms.Pallavi Kharpate	A.P.	M.Pharm	01-May-17	1 years	16966		
15	Mr.Ankit Jain	A.P.	M.Pharm	1-May-17	1 year	17416		
16	MS.MAYURI BARASIYA	A.P	M.Pharm	15-Mar-16	1.5 year	45928		
17	Mr.Dharmendra sahu	A.P	M.Pharm	16march-16	1.5 year	38353		
18								
19								
20								

#### 2. Qualification and number of Staff Members

Qualification		
M. Pharm	PhD	Others - Full Time
17	08	00

Signature of the Head of the Institution

Signature of the Inspectors

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

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

**\*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	00	
	Asst. Professor	2	02	
	Lecturer	3	04	
Department of Pharmaceutical Chemistry	Professor	1	02	
	Asst. Professor	3	03	
	Lecturer	3	01	
Department of Pharmacology	Professor	1	0	
	Asst. Professor	2	01	
	Lecturer	1	01	
Department of Pharmacognosy	Professor	1	01	
	Asst. Professor	1	01	
	Lecturer	2	01	
Department of Pharmacy Practice	Asst. Professor	1	0	
	Lecturer	1	0	
Department of Pharmaceutical Analysis	Asst. Professor	1	0	
	Lecturer	1	0	

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

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

6. **Details of Faculty Retention for:**

Name of Faculty Member	Period	%
NA	<b>Duration of 15 yrs. and above</b>	
DR.NEELIMA GOSWAMI	<b>Duration of 10 yrs. and above</b>	<b>5.8</b>
DR. SURENDRA JAIN, DR. NARAYAN SINGH LODHI, DR. R B GOSWAMI, MR. PRIYAL JAIN, DR. JYOTI SHRIVASTAVA, MS. DURGA PANDEY	<b>Duration of 5 yrs. and above</b>	35.3

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DR. ASHISH ACHARYA, MR. RAMSANEH RAGHUWANSHI, MS. SUCHI THAKUR, DR. SITA SHARAN PATEL, MS. MISHA MASOOD, MR. RITESH AGRAWAL, MR. ANKIT JAIN, MS. PALLAVI KHARPATE MR. RAJA THAKUR	Less than 5 yrs.	52.9
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**7. Details of Faculty Turnover:**

Name of Faculty Member	Period	More than	50 %	25%	Less than 25%
DR. SURENDRA JAIN	% of faculty retained in last 3 yrs	NO	NO	Yes	NO
DR. NARAYAN SINGH LODHI		NO	NO	Yes	NO
DR. R B GOSWAMI		NO	NO	Yes	NO
MR. PRIYAL JAIN		NO	NO	Yes	NO
DR. JYOTI SHRIVASTAVA		NO	NO	Yes	NO
MS. DURGA PANDEY		NO	NO	Yes	NO

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**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	08	MSC	
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC	02	12 TH	
3	Office Superintendent	1	Degree	01	B.PHARM ,MBA	
4	Accountant	1	Degree	01	B.COM	
5	Store keeper	1	D. Pharm/ Degree	01	MSC	
6	Computer Data Operator	1	BCA / Graduate with Computer Course	01	B.COM	
7	Office Staff I	1	Degree	01	M.COM	
8	Office Staff II	2	Degree	01	BA/MA	
9	Peon	2	SSLC	02		
10	Cleaning personnel	Adequate	---	01		
11	Gardener	Adequate	---	01		

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**Signature of the Inspectors**

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

S.No	Name	Qualification	Designation	Basic Pay	D.P	D.A	H.R.A	CCA& Additional Pay	Other Allowances	Deductions			Bank A/C No	PAN No	EPF A/C No	Total	Signature
										PT	TDS	EPF					
<b>PHARMACEUTICAL CHEMISTRY</b>																	
1	DR. SURENDRA JAIN	M.Pharm, PhD	Director/Professor	75000	0	0	0	22500	0	208	6000	0	20135383025	ADHPJ0355M	0	91292	
2	DR. NARAYAN SINGH LODHI	M.Pharm, PhD	Prof.	46200	0	0	0	12000	0	208	2000	0	18600100008228	ABAPL4428N	0	44792	
3	DR. ASHISH ACHARYA	M.Pharm, PhD	Asso. Prof.	33000	0	0	0	9000	610	208	50	0	621000080437	AFPPA1071B	0	42352	
4	MR. PRIYAL JAIN	M.Pharm, PhD*	Asso. Prof.	19000	0	0	0	7500	874	208	50	0	30457492067	ANEPJ2789G	0	27116	
5	MR. RAMSANEH RAGHUWANSHI	M.Pharm, PhD*	Asso. Prof.	16500	0	0	0	6000	0	208	50	0	10121010000575	ANIPR8735Q	0	22242	
6	Ms.Pallavi Kharpate	M.Pharm	A.P	15600	0	0	0	6000	0	208	0	0	20078804810	CSGPK0490Q		15392	
<b>PHARMACEUTICS</b>																	
7	DR. Neelima Goswami	M.Pharm, PhD	Asso. Prof.	33000	0	0	0	9000	0	0	0	0	30043669081	AMAPG0992R	0	43000	
8	MS. DURGA PANDEY	M.Pharm, PhD*	Asso. Prof.	18500	0	0	0	7000	0	208	50	0	900410110003493	ANVPG8683M	0	25242	
9	Ms. Suchi Thakur	M.Pharm	A.P.	15600	0	0	0	6000	0	208	0	0	04960100018180	ASOPT2766j	0	15276	
10	Mr. Raja Thakur	M.Pharm	A.P.	15600	0	0	0	6000	0	0	0	0	30226063030	DMLPS3029D	0	NA	
11	DHARMENDRA SAHU	M.Pharm	A.P.	15600	0	0	0	6000	0	0	0	0	690402010002136	FBGPS8323D	0	16000	
12	MAYURI BARASIYA	M.Pharm	A.P.	15600	0	0	0	6000	0	0	0	0	30806532288	CAJPB2632Q	0	16000	
<b>PHARMACOLOGY</b>																	
13	DR. SITA SHARAN PATEL	M.Pharm, PhD	Asso. Prof.	17000	0	0	0	6000	0	208	50	0	25920100009949	BAYPP5452N	0	22000	
14	Ms. Misha Masood	M.Pharm	A.P.	15600	0	0	0	6000	0	208	0	0	3076612039	CZMPM2511F	0	14386	
<b>PHARMACOGNOSY</b>																	
15	DR. R B GOSWAMI	M.Pharm, PhD	Prof.	45000	0	0	0	12000	0	208	500	0	30043656323	AGWPG9556H	0	56292	
16	Mr. Ritesh Agrawal	M.Pharm	Asso. Prof.	17000	0	0	0	6000	0	208	50	0	1305000400002153	AQFPA6412R	0	22742	
17	Mr.Ankit Jain	M.Pharm	A.P.	15600	0	0	0	6000	0	208	0	0	11265159671	AQUPJ2238D	0	15392	

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

(Inspectors to verify documents pertaining to the above)

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

(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):**

Name	Designation	Qualification	Date of Joining	Experience	Signatur
SAROJ JAIN	Administrative Officer	M COM	10/08/2009	19	
ANNIE J CHERIYAN	Laboratory Technician	MSC	31/12/2009	5	
DEEPASAXENA	Librarian	M LIB PGDCA	23/05/2012	2	
VIJAY RATHORE	Laboratory Technician	D PHARM	08/03/2009	4	
ROHIT SINGH	Laboratory Technician	D PHARM	31/12/2009	4	
MANOHARLAL MISHRA	Laboratory Assistants	12TH	05/06/2010	15	
KAVITAVISHWAKARMA	Laboratory Technician	M SC	07/02/2007	7	
GEETASISODIYA	Second Division Assistant	BA	06/08/2012	2	
SUNIL CHATURVEDI	Laboratory Technician	D PHARM	01/08/2012	2	
KAMAL RAWAT	Laboratory Technician	D PHARM	01/09/2012	1	
SHAILESH PATHAK	Laboratory Assistants	BA	01/04/2013	3	
CHAKRESHASATI	Laboratory Technician	B PHARM	01/03/2014	1	
MANISHATAYAL	Administrative Officer	M SC	12/09/2013	7	
R C UPADHYAY	Administrative Officer	B COM	08/08/2013	28	
SMITA PAGEY	Administrative Officer	BA	01/09/2013	8	

REENA SINGH	Administrative Officer	MA	01/08/2013	8	
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**15. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs.      Yes**

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**Signature of the Inspectors**

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

<b>Sl. No</b>	<b>Records</b>	<b>Yes</b>	<b>No</b>	<b>Remarks of the Inspectors</b>
1	Admissions Registers	Yes		
2.	Individual Service Register	Yes		
3.	Staff Attendance Registers	Yes		
4.	Sessional Marks Register	Yes		
5.	Final Marks Register	Yes		
6.	Student Attendance Registers	Yes		
7.	Minutes of meetings- Teaching Staff	Yes		
8.	Fee paid Registers	Yes		
9.	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	Yes		

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**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. 2014-2015			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-2017			Remarks of the Inspectors*
	No.	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	Total budget sanctioned	Recurring	
	24000000	22000000	20000000	38000000	20000000	18000000				

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

Sl	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-2017			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Chemicals	60000		3009	Chemicals	60000		Chemicals		
	Glassware	60000		0	Glassware	60000		Glassware		

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

Sl	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-2017			Remarks of the Inspectors*
	No.	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	
	Equipment	1000000		638446	Equipment	1000000		Equipment		

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

SI No.	Expenditure in Rs. 2014-2015			Expenditure in Rs. 2015-2016			Expenditure in Rs. 2016-2017			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
<b>1</b>	<b>Books</b>	50000	210439	<b>Books</b>	50000		<b>Books</b>			
<b>2</b>	<b>Journals</b>	600000	0	<b>Journals</b>	600000		<b>Journals</b>			

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

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## PART VII – EQUIPMENT AND APPARATUS

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

### DEPARTMENT OF PHARMACOLOGY

#### Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working	Remarks of the Inspectors
1	Microscopes	20	25	y	
2	Haemocytometer with Micropipettes	20	25	yes	
3	Sahli's haemocytometer	20	25	yes	
4	Hutchinson's spirometer	01	1	yes	
5	Spygmomanometer	10	10	yes	
6	Stethoscope	10	15	yes	
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system	150	yes	
8	Models for various organs	One model of each organ system	16	yes	
9	Specimen for various organs and systems	One model for each organ system	2	yes	
10	Skeleton and bones	One set of skeleton and one spare bone	1	yes	
11	Different Contraceptive Devices and Models	One set of each device	1	yes	
12	Muscle electrodes	01	1	yes	
13	Lucas moist chamber	01	1	yes	
14	Myographic lever	01	1	yes	
15	Stimulator	01	1	yes	
16	Centrifuge	01	4	yes	
17	Digital Balance	01	1	yes	
18	Physical /Chemical Balance	01	10	yes	
19	Sherrington's Kymograph Machine / Polyrite	10	1	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	10	yes	
24	Software packages for experiment	01	1	yes	
25	Standard graphs of various drugs	Adequate number	1	yes	
26	Actophotometer	01	1	yes	
27	Rotarod	01	1	yes	
28	Pole climbing apparatus	01	1	yes	
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01	1	yes	
30	Convulsiometer	01	1	yes	
31	Plethysmograph	01	1	yes	
32	Digital pH meter	01	1	yes	

**Apparatus:**

Sl. No.	Name	Minimum required No.s	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60	60	yes	
2	Dissection Tray and Boards	10	20	yes	
3	Haemostatic artery forceps	10	10	yes	
4	Hypodermic syringes and needles of size 15,24,26G	10	10	yes	
5	Levers, cannulae	20	30	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	20	26	yes	
2	Digital Balance	02	2	yes	
3	Autoclave	02	2	yes	
4	Hot air oven	02	2	yes	

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5	B.O.D.incubator	01	1	yes	
6	Refrigerator	01	1	yes	
7	Laminar air flow	01	1	yes	
8	Colony counter	02	2	yes	
9	Zone reader	01	1	yes	
10	Digital pH meter	01	1	yes	
11	Sterility testing unit	01	1	yes	
12	Camera Lucida	20	20	yes	
13	Eye piece micrometer	20	20	yes	
14	Incinerator	01	1	yes	
15	Moisture balance	01	1	yes	
16	Heating mantle	20	20	yes	
17	Flourimeter	01	1	yes	
18	Vacuum pump	02	2	yes	
19	Micropipettes (Single and multi channeled)	05	5	yes	
20	Micro Centrifuge	01	1	yes	
21	Projection Microscope	01	1	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	10	yes	
4	Soxhlet apparatus	10	10	yes	
6	TLC chamber and sprayer	10	16	yes	
7	Distillation unit	01	01	yes	

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

**DEPARTMENT OF PHARMACEUTICAL CHEMISTRY**

**Equipment:**

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

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4	Analytical Balances for demonstration	05	05	yes	
5	Digital balance 10mg sensitivity	10	10	yes	
6	Digital Balance (1mg sensitivity)	01	01	yes	
7	Suction pumps	06	06	yes	
8	Muffle Furnace	01	01	yes	
9	Mechanical Stirrers	10	10	yes	
10	Magnetic Stirrers with Thermostat	10	15	yes	
11	Vacuum Pump	01	01	yes	
12	Digital pH meter	01	01	yes	
13	Microwave Oven	02	02	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	100	yes	
5	Arsenic Limit Test Apparatus	25	25	yes	
6	Nessler's Cylinders	50	50	yes	

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

**DEPARTMENT OF PHARMACEUTICS**

**Equipment:**

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	20	20	yes	
2	Homogenizer	10	10	yes	
3	Digital balance	05	05	yes	
4	Microscopes	10	10	yes	
5	Stage and eye piece micrometers	15	15	yes	
6	Brookfield's viscometer	01	01	yes	
7	Tray dryer	01	01	yes	
8	Ball mill	01	01	yes	

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9	Sieve shaker with sieve set	01	01	yes	
10	Double cone blender	01	01	yes	
11	Propeller type mechanical agitator	05	05	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	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	02	02	yes	
21	Tablet dissolution test apparatus IP	01	01	yes	
22	Monsanto's hardness tester	02	02	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	05 each10	yes	
30	Digital pH meter	01	01	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	
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	

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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	20	yes	
2	Stalagmometer	20	20	yes	
3	Desiccator*	10	10	yes	
4	Suppository moulds	20	20	yes	
5	Buchner Funnels (Small, medium, large)	05 each	05	yes	
6	Filtration assembly	01	01	yes	
7	Permeability Cups	05	05	yes	
8	Andreason's Pipette	05	05	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	01	yes	
2	Lyophilizer (Desirable)	01	01	yes	
3	Gel Electrophoresis (Vertical and Horizontal)	01	01	yes	
4	Phase contrast/Trinocular Microscope	01	01	yes	
5	Refrigerated Centrifuge	01	01	yes	
6	Fermenters of different capacity (Desirable)	01	01	yes	
7	Tissue culture station	01	01	yes	
8	Laminar airflow unit	01	01	yes	

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

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

**CENTRAL INSTRUMENTATION ROOM:**

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01	01	yes	
2	Digital pH meter	01	01	yes	
3	UV- Visible Spectrophotometer	01	01	yes	
4	Flourimeter	01	01	yes	
5	Digital Balance (1mg sensitivity)	01	01	yes	
6	Nephelo Turbidity meter	01	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	01	yes	
11	HPLC	01	01	yes	
12	HPTLC (Desirable)	01	01	yes	

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

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**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 .....

<b>Qualification</b>	<b>College &amp; University</b>	<b>Year</b>	<b>Registration No. with State Pharmacy Council</b>	<b>Name of the State Pharmacy Council</b>
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.

Contd. on page 3

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**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
2. 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



